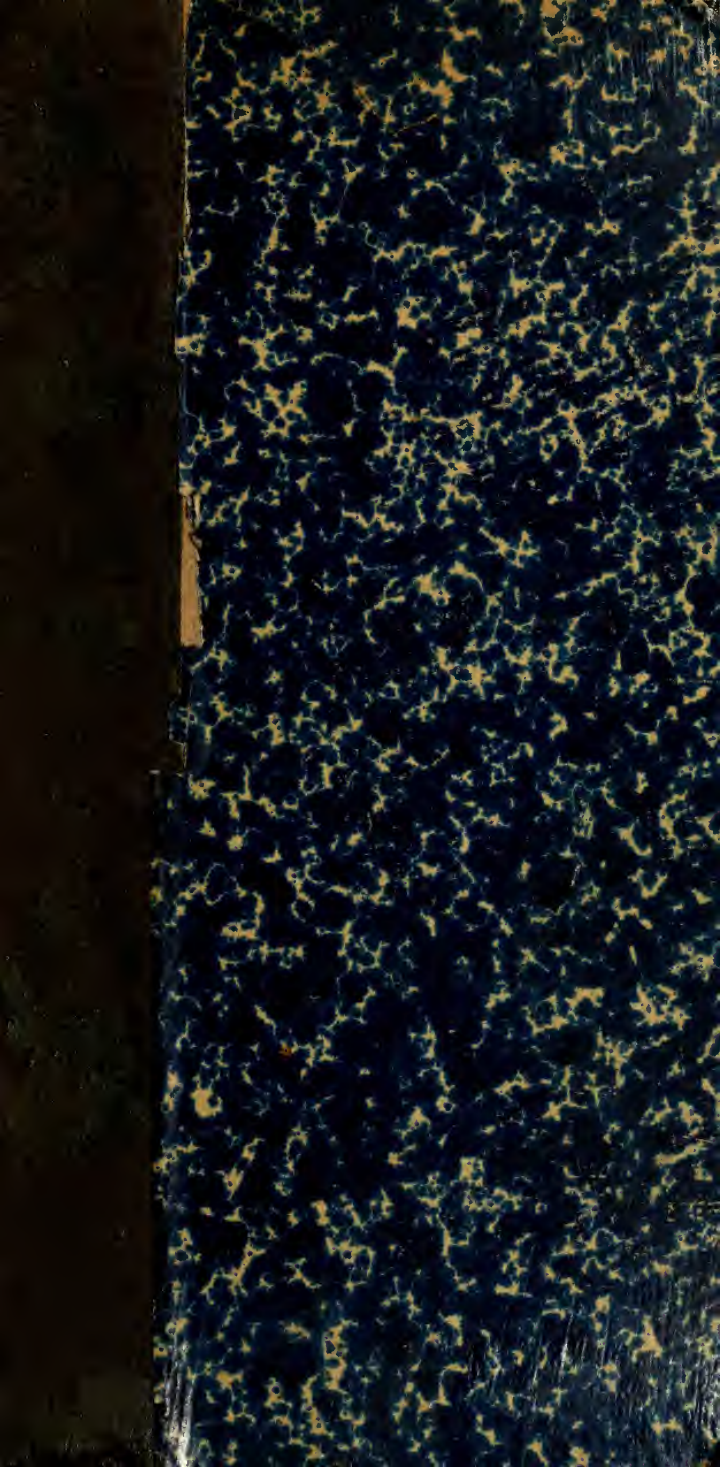




North Carolina



North Caroliniana

Endowed by

Sprunt Hill

the Class of 1889

Register

2 v. 1, pt 1

30



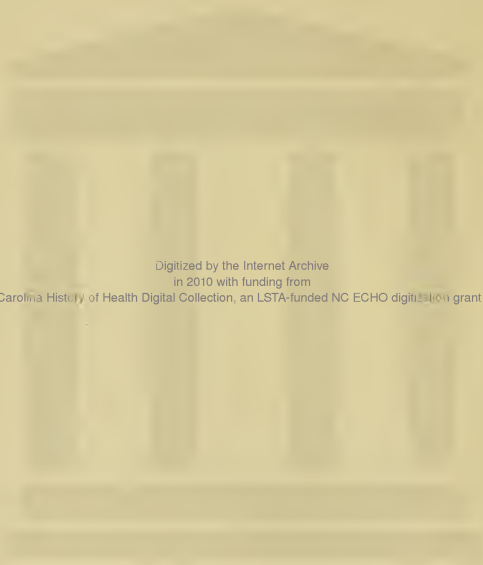
UNIVERSITY OF N



000354

*This book
taken from
building.*

386 20 1991



Digitized by the Internet Archive
in 2010 with funding from
North Carolina History of Health Digital Collection, an LSTA-funded NC ECHO digitization grant project

Charlotte Medical Journal.

VOL. I.

CHARLOTTE, N. C., JULY, 1892.

No. 1.

Original Communications.

A Consideration of Some Points Concerning the Pathology, Etiology and Treatment of Chorea as Suggested by Recent Investigations.

BY JOSEPH COLLINS, M. D., NEW YORK.

When one casts a historical retrospect over the records of any single disease which has occupied the attentions of scientific investigators and thinkers for centuries, as the disease which is known as chorea has, he cannot help but feel a sense of the lilliputian roll that he plays in solving problems over which his ancestors had labored and worried. Since the time when the wise heads of Strassbourg ordered all afflicted with the dancing sickness to be taken to the chapel of St. Vitus, in order that its priests might seek and beseech the intercession of their martyred patron saint, chorea has continued to puzzle, and thwart the serious labor that has been expended in solving the problem of its causation and the location of its principal lesions. From long continued observations and carefully collated statistics we are able to state many points concerning the apparent causation and regular history of the disease, now quite authoritatively; and now it would also appear, judging from the many reports of the very carefully conducted histological examinations made upon the central nervous system of those dying from intercurrent diseases while suffering from an attack of chorea, that we are perhaps on the threshold of discovering some certainties as regards the anatomical nature of this disease.

Like many other affections that partake somewhat of the nature of both functional and organic diseases, the element of heredity enters very largely into its production as is seen when we consider the special form of chorea which one might be justified in saying is endemic in certain parts of Long Island. But hereditary influences have a far wider range of action than to confine them-

selves to certain locations and to a few families. Many remarkable cases have been recorded showing the intimate relationship existing between insanity in one of the parents and the development of chorea in some of the offspring. In looking over some records of patients suffering from this disease I find it well exemplified by a case that presented itself for treatment at my clinic at the Bellevue Hospital, Out Door Department, in December, 1890, complaining of twitchings that had come on gradually two or three months before and which could not be attributed to anything except perhaps a very great fatigue which she had undergone about the time the twitchings began to show themselves. On inquiry she was found to be sixteen years of age, of German parentage, had menstruated for the first time about two years previously and had since been regular. Her previous history had been that of a child who had had the various lighter exanthemata from which no bad results had followed; she had not been noticeably nervous until the advent of her present illness. Her family history showed that her father had committed suicide several years before during a period of exasperated insanity; his wife volunteered the information that he had for a long time been peculiar, a tendency which he had inherited from his mother. The patient presented nothing extraordinary in the symptoms of her disease which was of moderate severity, but at the end of six months when I lost track of her the disease had not succumbed to treatment. In another case a child, whose mother developed post puerperal mania after the birth of her second babe, had an attack of chorea with continuous movement except during sleep and associated with such extensive paralysis that one might almost have thought that it was complicated with anterior poliomyelitis or multiple neuritis. This case was followed by complete recovery in about five months and though more than two years have passed there has been no evidence of returning twitchings. But ordinarily the evidence of hereditary transmission is not so marked or direct as in these two cases; generally it is some predisposition to the development of the so-called functional nervous diseases and not to any direct choreaic transmission. For instance we may see running through whole families certain peculiarities which at first sight might not show any inter-relationship but which on close study are shown to be but pollen from the same *anthers* that has disseminated itself by marriage and propa-

gation through many members of related families. What this hereditary transmission really is has caused much speculation, but it should bother us no more here than it does in conditions quite analogous as in phthisis for example or alcoholism. It is but the transmission of a corporeal weakness which is manifested in that system of the offspring which from extraneous or inherited influences is most resistless of invasion, and consequently the manifestation of such an inheritance will be protean: hysteria, tremor, chorea, alcoholism, moral perversion or what it may, they are all children of the same parentage.

The age of the patient as is well known is an important etiological factor; at one time indeed it was supposed that chorea was confined entirely to children and the first half of man's natural life; but within the past few years there has been no dearth of observation to prove that there is none so old but what they may harbor the disease. In a recent number of the *Journal of Nervous and Mental Diseases* (September, '91) Fry has reported a case occurring in a woman sixty-nine years of age, in which the choreaic manifestations were so distinctive as to be detected at a glance, the right half of the face, tongue, neck, and right upper and lower extremity were markedly involved. In six weeks she had entirely recovered. In the same *Journal* ten years previously Sinkler recorded the histories of two cases suffering from this disease both being over eighty years of age. The greatest number of cases occur however, by an overwhelming majority between the ages of ten and fifteen. As regards sex all authors are in accord in attributing to the female sex a preponderation of about three to one, and this harmonizes with the higher development and greater instability of the nervous organization of the female and especially their greater proneness to the influence of one of the most potent factors in calling the disease into activity when the essential elements of its being are present, viz: fright. Of many of the other so-called causes, such as racial, climatic and meteorological influences it is necessary to have more direct proof of their causative influences than we are yet possessed of before much weight can be attached to them. It was at one time considered that the negro race was almost entirely exempt but since their emancipation and particularly in those whose mode of life is similar to other races this exemption has not been apparent, and from the verbal report of many South-

ern physicians and students to whom I have put this question I find that they have frequently observed it among that race. It is interesting to study the relationship of pregnancy to chorea for many reasons. First, we are familiar with the fact that not infrequently the nervous organization undergoes a remarkable change during pregnancy in very many women, so that sometimes one who has previously been mild and even tempered and ever happy in her home and social relations, becomes peevish and irascible, and suspecting even to the point of almost mental perversion and sometimes but unhappily not so often, those possessed of a few or more of the qualities of Xanthippe, become transformed into such a gentle creature that they are barely recognizable. Then again the changes that go on in the blood are rather extensive and well marked. And most physicians are familiar with the fact that during pregnancy too there is a well known predilection to the development of disease and especially those involving the nervous system, and therefore when we consider these facts in connection with these known alterations the frequent presence of chorea will not seem so unexplainable. We know that when chorea does show itself during pregnancy it is apt to come on early in the term, that is before the fourth month, before the central nervous mechanism has become thoroughly accustomed to taking care of the new burdens thrown upon it, such as the regulation of the disposal of the largely increased waste matters, the co-ordination of the impulses sent to it from those regions in which radical changes of environment are taking place, in adapting itself to the many extra unfamiliar demands made upon it, and so on; for it is very rarely that we see chorea occurring for the first time in multipara, then with this perturbed state of the nervous system there is frequently fertile soil for the development of chorea.

If one were to be asked unawares, the causative factors of chorea it is probable that two or three suggestions would occur to him as the result of unconscious cerebration, and we would say fright, rheumatism, and endocarditis, and on being asked his reasons for the latter part of his answer he could probably only say it was very likely the remains of his early teachings, fortified by a few cases which he had himself observed and in which the only causative element apparent was either rheumatism or endocarditis. And formerly it was much more common than it is to-day to ascribe

to rheumatism an important part in the production of the disease in question; for instance Mackenzie gives a percentage of 26 per cent. in a report of 439 cases made at the instigation of the British Medical Association and Chapin says in the Medical Record, December 15, '93, that in thirty-eight cases of chorea twenty-two had been preceded by rheumatism. And Mackenzie again says (Lancet, January 12, '89,) that the evidence has become increasingly strong that rheumatism plays a great part in the production of chorea, while Sachs states that in seventy cases of chorea in eight only could satisfactory proof of previous rheumatism be found; and Thomas (Inaug. Dissert., Berlin, '85) says that in nineteen cases in one only could it be asserted that rheumatism was a precedent factor, while Syres finds from a study of 140 cases that only about 6 per cent. could by any possibility be attributed to rheumatism (Lancet, December 21, '89), and Leroux gives about the same proportion; Steiner gives but four cases out of upwards of 250 in which chorea developed during the attack of rheumatism. Statistics on this point are extremely contradictory but the consensus of opinion among recent contributors to the subject, would seem to be that although the proportion of cases in which rheumatic influence were formerly thought to be a direct causative factor is undoubtedly too large, it is yet impossible nor is it desirable in view of the many arguments in its behalf to say that rheumatism does not act as a direct predisposing factor in a small proportion of all cases, but such a condition is not at all essential to its development.

Another mooted point is the relation of endocarditis to the causation of chorea, which has been insisted on by many able writers since the time when it was particularly called to the attention of the profession by Tuckwell in 1869 (St. Barthol. Hosp. Rep. Vol. v p. 86) and Broadbent (British Medical Journal, April 17, '69) who traced the relationship between what he considered the actual causative element of chorea, viz: emboli of the corpora striata and the optic thalami and the vegetative endocarditis. Sturges, Mackenzie, Hughlings Jackson, Dowse and many others have likewise studied the relationship of endocarditis and embolism to chorea. And it can be said with much certainty that endocarditis with resulting dendritic vegetations often precedes or accompany attacks of this disease, and also results from conditions of the blood exist-

ing in chorea, but what the absolute connection is, is not at all apparent. Goodall (Guy's Hospital Report, 1890) found in a study of 262 patients found sixty-five with non-organic systolic apical murmur and thirty-three cases of systolic mitral regurgitant murmur, twenty-two of which had had rheumatism. If our present views of pathology of the subject locates the seat of the lesion somewhere along the projection of the motorial pathway, it will be difficult to reconcile any closer causative relationship of rheumatism to its production than the fact that rheumatism being an acute disease attended with remarkably rapid destructive changes in the blood, and these changes first show their positive results in that portion of the economy where activity is greatest; and which on account of this very reason the stability of this region or organ is most quickly upset. In children this is unquestionably the nervous system and it is not alone the motorial path that suffers but the entire cortical substance sometimes, as is manifested by the mental sluggishness frequently amounting almost to fatuity, and the general slowness of response in the special senses and organic reflexes.

Within the last few years it has seemed to be quite the fashionable thing to attempt to explain hitherto unexplicable diseases by attempting to fit the germ idea to them. We would seem to be passing through a mild epidemic of that sort of reasoning just at present. A recent writer on chorea—Berkley, (John Hopkins Hosp. Rep. Vol. 11 No. 6) says, after giving the history of a case of chorea insaniens and contrasting the anatomical finds with a case of diphtheria, "in conclusion it would seem that chorea might be considered as a general systemic affection, acting with the greatest intensity on the vascular system and lepto-meninges, and that its cause is to be sought for in an especial bacillus or its toxical product, not a coccus." But why any such conclusion should be reached from the consideration of one case of chorea insaniens, where the post mortem showed that the patient died from acute endocarditis of the mitral valve, abscess of the parotid, catarrhal pneumonia of both lungs with bronchitis, and evidences of old tuberculosis of the left lung, that we might consider chorea as analogous to an acute infectious disease manifesting its greatest activity on the vascular system and lepto-meninges is to me surely not at all apparent; for it would be considered remarkable if we were not to

find changes in the internal organs, of congestion and cloudy swelling and beginning infiltration and breakdown, in a patient dying of such a complication of disorders or even in chorea insaniens with all the above mentioned attending factors, and we surely cannot study maniacal chorea and adapt the pathological results to ordinary St. Vitus dance for in the former may be, and are found, anatomical changes which have no place in the pathological changes incident to ordinary chorea. Not that I mean that chorea may not be due to the germ or its resulting toxic products formations, for that it is in some cases is entirely probable, but only by bringing about changes in the central nervous system which are not necessarily the followers of germ activity or their products alone, but which may follow the activity of almost innumerable morbid agencies.

Even a cursory glance cast over the field of the pathological changes found in chorea suffices to show that there is hardly a single known lesion or disorder of the nervous system from simple hyperæmia of the meninges to malignant tumour or multiple change in the mid-ganglia that have not had attributed to them the genesis of chorea; but prolonged study of these seemingly paradoxical causative factors may be rewarded by the evolution of order and logical deductions out of this chaos. It is entirely unnecessary in an article like this to give a historical retrospect of the numerous theories concerning the pathology of this disease as this has been done many times and lately very thoroughly by Kroemer (*Archiv. f. Psych. u. Nervk.* xxiii p. 558), and also by Wollenberg (*loc. cit.* p 198). How then can we reconcile the embolic theory of Broadbent, or the theory that the disease is due to the hyaline bodies of Elischer and Flechsig and Jokowenko, or the changes of calcification of Purkinje's cells in the cerebellum or the diffuse hyperæmia of the cortical substance and the nerve centres as advocated by Dickinson and Meynert, not to speak of the perivascular nutritional changes found by Dana or the infectious substance thought by Straton and Laufenauer to be the morbid agency, and countless other theories. How do we reconcile these seemingly at variance statements? Perhaps by following out the suggestion of Kahler and Pick that the pathological product, be it what it may from the slightest hyperæmia to the most extensive changes in the globus pallidus or optic thalamus or located anywhere throughout

the projection of the pyramidal tract, providing always that the lesser changes may be of sufficient intensity to upset the normal relations and interfere with the functions of these parts, and providing also on the other hand that the causative agency does not go so far as to destroy the identity of the path, for when such are the results, evidence of destruction and not irritation will be present. This disease process can therefore have its seat in any part of the course of the pyramidal tract, from its origin in the motorial area to the place where it loses its identity in the cord, or in the nerves, and the changes causing the irritation are not necessary in all or many portions of this tract, one single spot being sufficient. In this way alone it seems to me can we reconcile the clinically well known multiple causations of this disease and the occasional apparently contradictory anatomical post mortem discoveries. We know that the symptoms of chorea vary in intensity from those so slight as to be barely noticeable, to those that carry with them involvements of parts the proper functioning of which is necessary to life; and this can be in accord with the extent and intensity and location of the lesion; for instance a vascular disturbance in the meninges and cortical substance would be apt to give less motorial disturbance and more hebetude than a collection of Elischer's hyaline bodies in the corpus striatum or emboli in many of the finer arterial ramifications. Again reasoning from the complexity of motorial symptoms, these views which ascribe a nutritional change in the motorial pathway as the result of irritation, foreign body, new formation, or disturbance in the vascular supply, varying in intensity from the slightest which accompany the cases ending in recovery to the very severe ending fatally, would seem most rational. This of course is purely theoretical and we must confess that mechanism by which chorea is really produced cannot as yet be positively stated.

Then again we must take into consideration the fact that fright is apparently the most potent factor in exciting an attack of chorea and this is more frequently the case at the age when the central nervous system is in a state of liability to hyperexcitability due to the development of it out of all proportion to the body; and we know that the nervous system of the child differs also structurally as well as in the response that it makes to forces acting upon it. Consider the ease and rapidity by which the thermogenic centres

or areas are incited to produce a temperature of 104f. by the indigestion of some indigestible substance, or the rapidity with which a spasm comes on from any slight peripheral irritation whether it be from the teeth, the stomach or the lower bowel. All this goes to demonstrate that the nervous system although possessed of so much active and latent energy in the shape of possibilities is still in such a condition that influences which in a more mature state, would be passed by unnoticed are of sufficient moment to upset the correlative activity of its functions. When an infant is born its nerve matter is in a very immature state; the possession of a few reflex centres necessary to the activity of a vegetative state and mostly situated in the medulla oblongata. The brain itself is yet mostly a non-productive territory which has still to be portioned out and settled; the pathways are mostly without their medullary coverings and it is only as we pass along up toward childhood that areas and definite roadways begin to be properly organized and to properly functionate. And after this civilization and settlement has been thoroughly begun is it at all surprising that occasionally slight disturbances, which in an older and more thoroughly organized colony, would be treated with contempt and unnoticed, should here cause discord and apparent chaos. Then with any of these alleged causes to disturb the equilibrium of these new colonies, fright steps in as a physical trauma and completes the disaster; and indeed it is probable that fright in itself is sufficient to precipitate the disease especially when there is an underlying inherited neuropathic predisposition and where the new areas have been kept at a state of high tension as we often see in school-children preparing for their competitive examinations or in the pernicious system of cramming which our American teachers and institutions are such staunch sponsors of. These ideas are not at variance with the sentiments recently expressed at a meeting of the Royal Medical and Chirurgical Society, by Dr. W. P. Herringham, where he reached the conclusions that a large number of choreic patients are liable to rheumatism and that choreic patients were nearly all of a delicate constitution; that chorea was sometimes directly caused by emotion; that chorea might cause permanent heart disease; and that it also gave rise to signs of heart disease that are not permanent.

When we come to consider the treatment of this disease but lit-

tle can be said in the direction of therapeutic novelty. The same rules underlying the treatment of exhaustive diseases depending upon disturbance of nutrition apply here as elsewhere. It is unnecessary to remark that after having removed the causation as far as possible and placed the patient under the best hygienic conditions that absolute rest should be insisted upon. Those writers who inform us that they are in the habit of allowing their patients unrestricted freedom while suffering from an attack of acute chorea cannot have had very large experience in the management of the disease. Not that absolute and enforced confinement to bed is necessary in the ordinary case nor is it to be commended, but during the increasing period of the attack the patient should be allowed to go about but little and the remaining portion of the time should be spent in the recumbent position. When the attack is on the wane very mild and not long continued exercise can be indulged in, care being always taken to avoid even the semblance of fatigue and to be watchful in the avoidance of any physical or bodily trauma which could incite a repetition or an aggravation of the attack. These little patients are so often of an irritable nervous and easily depressed temperament, that it will tax the ingenuity of the physician and mother to contrive amusements that will rest the invalid's mind, and anything that is done in this direction will be of unestimable advantage. While in a medicinal way we have no absolute therapeutical certainties, in arsenic we have something which nearly approaches it. The preparation most easily administered and from which the best results are to be obtained is Fowler's solution, which is ordinarily recommended to be given in doses beginning with four or five drops and increasing to ten or twelve. Seguin however in his lectures delivered in Montreal during the winter of 1890 and published in the New York Medical Journal during the same year, threw a bomb into camp by asserting that the doses of arsenic ordinarily administered were a little less than useless, and recommended doses of from fifteen to thirty drops as decidedly efficacious. I have had but little experience in giving the remedy in such apparently heroic doses, but coming from such an authority as Seguin, it deserves a very thorough trial, but there is I think always a danger that multiple neuritis may follow the administration of large doses of arsenic, particularly if kept up for any length of time. I do not recall any reported case where such

results have followed its administration for the relief of chorea, but Dana has published the history of a case where multiple neuritis followed the administration of the drug for the cure of gastrodynia, therefore we should be on the careful lookout for the development of any toxic symptoms. It is best administered largely diluted with water and after mealtimes. For the restlessness and insomnia sulfonal and chloral in sufficiently large doses to produce rest and sleep must be used. Bromides as a general rule are not so efficacious as rest producers here as in some other affections and are as a general rule to be avoided. They have a tendency to produce mental sluggishness and hebetude normally, and as this condition is one of the frequent concomitants of chorea it is desirable not to give anything which might tend to increase it. Lately a drug has come into use which in my hands has seemed to be of great value. I refer to antifebrina, administered in moderately large doses, according to the age of the patient, say about five grains four or five times a day to a child from eight to ten years of age. It is particularly useful in the beginning of the attack and during the stage of increasing severity. And its administration is followed by a lessening in the irritability of the child and the twitchings become less marked and generally an appearance of benefit to the patient. It has recently been suggested that its beneficial results arise from the fact that it has been proven to lessen the amount of uric acid produced, and this has been proven experimentally by Herter, and so a tentative theory might be advanced that the excess of uric acid had to do with causing or at least aggravating the choreaic manifestations. And it is hoped that this assertion concerning the therapeutic properties of antifebrina in chorea will either be corroborated by other co-laborers, or denied.

Here as in all conditions where the vegetative functions are at a low ebb, the nutrition should have particular attention paid to it. Easily digested and assimilated food should be given in small quantities and at short intervals. The digestive and hæmatopoietic organs are not very vigorous in their activity, but if the above rule be adhered to it will rarely be necessary to administer pre-digestive food. It will sometimes be necessary to give in addition to this regimen some of the medicinal food stuffs such as the carbonate of iron and cod liver oil, but more frequently the former will give rise to symptoms when its administration is continued and

when it is impossible to assist in its oxidation by allowing of plenty of fresh air and sunshine; and the latter, but few of the patients can retain and digest. It becomes, however, a very important substance in the after treatment of an attack of chorea furnishing as it does to the economy a food stuff which contains an enormous amount of concentrated latent energy, and as such supplying the central nervous system, where oxidation goes on with greatest vigor, an important element in its recuperation.

If the early manifestations or forerunners of chorea were quickly recognized and the patient removed from school or from the detrimental influence of being noticed and watched and even mocked, and at once put upon proper treatment the course and intensity of the disease would be materially modified; as it is, frequently for some considerable length of time the symptoms are overlooked or unheeded by the parents and frequently the only sympathy wasted on them is punishment meted out in generous quantity to offset their awkwardness or ungainly appearance. And although however much we may regret this the only avoidance of it is to be found in the general dissemination of more satisfactory knowledge concerning the hygiene of early childhood the importance of which should at least be recognized by teachers and mothers.

Again the treatment of severe chorea by prolonged sleep is being advocated. This was first spoken of by Bridges in the *Practitioner* for March, 1887, and afterwards used and commended by Bastian and many others. Its object of course being to give prolonged rest to the central nervous system and to destroy an element of "habit" which may have entered into its persistency and aggravation. As it is, it can safely be recommended in those cases that resist the usual measures and where it is apparent if sleep does not occur death is bound to follow from sheer exhaustion and chloral is the safest hypnotic to be employed. In other cases where the movements are severe great care must be taken that the patient does himself no injury by being thrown out of bed or forcibly jerked against doors or pieces of furniture, from which accidents have often happened and with disastrous results. Gowers has recorded an incident where the spasm was so great that the bulb of a thermometer which had been placed in the mouth was forcibly bitten off and swallowed.

Then the general conditions underlying the treatment of all dis-

cases having a somewhat prolonged course need not be mentioned; such as scrupulous cleanliness, regulation of the bowels, change of air and climate during convalescence when such is within the means of the patient, for it should not be forgotten that at this time the stability of the weak nervous system may be recovered or its power to resist the invasion of disease may be ruined by improper or injudicious treatment.

No. 153 Lexington Avenue, New York City, April 1, 1892.

Perforations in Lesser Peritoneal Cavity.

Dr. Weller Van Hook gives the following as his conclusions in reference to this subject (*Jour. Mat. Med.*):

1. When the stomach is distended a penetrating wound from in front may open the posterior, i. e., the retro omental without injuring the anterior wall of the stomach.

2. In all wounds of the anterior wall of the stomach we should examine the posterior wall by palpation through an artificial opening in the omentum.

3. The insufflation of gas into the smaller peritoneal cavity through a perforation of an adjacent viscus does not yield diagnostic information distinctive of injury to that cavity prior to laparotomy.

4. In the treatment of such injuries the gastro-colic omentum should invariably be opened for the purpose of cleansing and for examination, if not for convenience in closing perforations.

5. Wounds of the meso-colon should be studied from the side of the lesser peritoneum as well as from that of the greater peritoneum to insure the discovery of the perforation, fecal extravasations and hemorrhage.—*Medical News*.

Josh Billings on Doctors.

Doktors are not all quacks; you hav got wrong noshuns about this. Doktors, lawyers, and ministers hav a hard row to ho; they have to deal with kredulity, knavery and fears of the people—three of the most difficult traits in human nature to handle. If i was a doktor and understood my bizzness, i should doktor my pashunts, and let the disease tak care of itself. More folks are cured this way than enny other.—*Exchange*.

Typhoid Fever.

We choose for a subject "The Fever Typhoid,"
An insidious disease people try to avoid.
Its cause is a germ wise men seem to think,
Also most contagious through food and drink.

It attacks the whole body, the heart, lungs and brain;
The liver and kidneys are caught in its train.
It strikes in the bowels, the peyerian glands;
On the solitary ones its virus expands.

The spleen first enlarges and then it turns black;
The heart muscle grows flabby and its rythm won't track.
The lips become parched, sometimes crack and bleed;
The bowels are tender. He's delirious indeed!

Its victim grows tired, and weary and sad;
His sleep is disturbed, his appetite's bad.
He's a pain in his head and one in his back;
An eruption appears, his stomach's out of whack.

Six days does the fever a degree each gain,
Then one day and a week that high point attain.
At close of week second diarrhœa we fear;
Tympanites and pain and bronchitis appear.

Now what are the dangers? Asthenia is one;
Heart failure's another; peritonitis begun.
Brings him close to the stream of yore, named Styx;
Safe steering through these lands him clear of his fix.

We commend this treatment; first cleansing the skin
In baths twice a day; put alcohol in.
We clear out his bowels with hydrargyri mite.
With quinia and salicin put malaria to flight.

We control high fever with antifebrin;
If our patient's robust, use antipyrin.
We guard both with whisky for fear a collapse
Might take away patient, thus pack up our traps.

Keep the bowels in check with bismuth subnit:
With turpentine and opii tympanites we fight.
If the stomach rebels and there's delirium.
Use bromo-potass. and oxalate cerium.

As the antiseptic for inside ablution
To him three times a day give Fowler's solution.
With nourishing food to prevent emaciation;
And this way we discharge a doctor's obligation.

Dr. Joseph Haigh, in Kan. Med. Jour.

Charlotte Medical Journal.

E. C. REGISTER, M. D.,

J. C. MONTGOMERY, M. D.,

Editors and Publishers,

No. 36 SOUTH TRYON STREET,

CHARLOTTE, N. C.

✦ SUBSCRIPTION, \$2.50 PER YEAR. ✦

Articles intended for the Original Department of the Charlotte Medical Journal will be accepted only with the understanding that they are contributed to it exclusively.

INTRODUCTION.

With this issue begins the history of the CHARLOTTE MEDICAL JOURNAL, which will be published in this city every month, under our auspices. It is the intention of the Editors to place before the public and profession one of the neatest, most readable, and as thorough in principle and practice as any Medical Journal published. It will contain monthly articles and communications from the pens of the most finished writers, and we promise for the coming year a Journal designed more than ever to meet the needs of the busy practitioner.

We will ever be zealous in promoting the interest and welfare of those who patronize us. We are fully aware that with such a multiplicity of details, numerous errors and deficiencies exist and that the faults of undue brevity in some cases and prolixity in others may not have been entirely avoided; but we venture to hope that a candid public will make our due allowance and we invite from all those who may feel interested in the diffusion of sound knowledge, the communications of friendly suggestions or criticisms in relation to the objects and execution of our work.

ADVERTISING NOTICE.

We respectfully ask our subscribers to read our advertising pages. We are careful to allow none but first-class advertisements and will be glad to receive any information showing they are not of highest order. In writing to them please mention CHARLOTTE MEDICAL JOURNAL, and most careful attention will be given your communication. No advertisements are published in our reading matter.

THIS number of the CHARLOTTE MEDICAL JOURNAL is sent to many physicians who are not subscribers. We ask all to examine it carefully and should it be worth \$2.50 a year we will be glad to enter your name on our subscription list.

WE notice in North Carolina as well as in other States the extent, prevalence and popularity to which insanity has grown. All evils and crimes are corrected and smoothed over by the plea of insanity. It seems 'tis either done to a degeneration of the cerebral structure of the present generation, or most likely a channel through which evil-doers find outlet. If a theft is committed, especially by one who has moved in high circle, he is examined by expert physicians, and is found to be suffering from cerebral disease and thus relieving all responsibility. He is sent to an insane asylum instead of to the prison cell, where in a few months he has restored to him his mental calibre and he is liberated a free man to again practice his deceitful and contemptible frauds upon the people. Medical science has ever striven to free herself from the depths and degradation of quackery and maintain a position of dignity and honor, and now as she has slowly and gradually risen above such an imposter as quackery, but to be confronted daily with such schemes and plots that remove all responsibility from those who commit sin is equally to be regretted and deplored.

SEVERAL years ago North Carolina had only one insane asylum and that was sufficient to accommodate that class of people. Now she has two much larger, and they are crowded all the time. 'Tis true her population has grown, and with the increase of population naturally we have more subjects for the asylum, but has not insanity grown more popular? Is it not quite a custom in these enlightened days, enlightened in meanness as well as morally, to plead insanity to shun punishment. If insanity grows in popularity for the next ten years as it has done for the past, instead of building jails and penitentiaries, 'twould be cheaper to build two or three insane asylums in every town so that when a citizen of social standing and means is guilty of a penitentiary offense, let him quietly become insane for a year or two, put him in the asylum at home so his relatives can see him and save the trip to Raleigh or Morganton and under the skill of the Physician his mental

faculties will be restored to him and with it his liberty. Oh, insanity thou art a jewel.

THE DECEPTIVE FUTURE.

The student who has devoted his time to the different branches of medicine and has learned the typical and characteristics symptoms of the various diseases thinks as he steps out into the medical world that every disease has certain symptoms and clearly defined features. It seems to him that every case must belong to a certain group and each disease becomes known by this or that specific class.

But his practice soon dispels such fond and hopeful anticipations. Instead of this he finds there are few or no typical uncomplicated diseases. All cases are more or less complicated, and each one becomes an individual study that must be met with intelligence. Thus he sees that his lectures and text books do not give him a clear insight into the essential conditions and morbid processes. There is scarcely any doubt but that too much stress is laid on didactic instructions and that more attention must be given to bedside work.

AN INTERESTING CASE.

We were called to see a girl between the age of twelve and fifteen who presented the following appearance: large blue eyes, light hair and a fair complexion; good features and a very intelligent face.

Upon investigation she presented the following history. Up to the age of four she had always been perfectly healthy, but at that age she received from the hands of her sister a blow on the left side of her head with a hatchet, and from the scar left by the injury, the wound could not have been considered dangerous at the time it occurred. From that time till the age of twelve she had convulsions, as many as fifteen to twenty a month, and still no connecting link between the injury received and the convulsions had ever been considered.

The following symptoms would accompany the attack: The first thing noticed would be twitching of the muscles of the right eye and right side of face, extending to right arm and then to right side and from there to right leg, and finally tonic spasms of all the

muscles of the body would occur. She uttered a low muttering, gurgling sound; her eyes were fixed and staring; her face was dark and swollen, veins turgid, increased flow of saliva, often bloody from injuries to the tongue. Impeded respiration and asphyxia developed rapidly. The body was bathed in a profuse perspiration and as the attack reached its maximum the breathing became very irregular and labored, her face turgid and distorted, her eyes protruded, and as the cyanosis reached its maximum the paroxysm, which lasted not longer than two minutes, began to abate. Unconsciousness continued throughout the entire paroxysm. The fit would generally terminate gradually, taking from twenty to thirty minutes for her to gain entire consciousness. She would sometimes be free from such attacks, it may be for a month, or she might have one equally as hard every six hours for twenty-four hours, as many as seven occurring during one day.

Medical treatment consisted in giving bromide potash from a dram to two drams every day, and chloral from one-half to a dram. The treatment was continued for six months. At first a slight improvement was noticed and from time to time she would grow better, but finally the convulsions became more frequent and violent, and occurring at shorter intervals. The bromides were pushed to their fullest extent and all the prominent and noted preparations recommended for such attacks were used. The convulsions would continue to occur. No good effects could be noticed from the present treatment and little hope could be expected through such a channel. Surgical treatment was our next and only resort as a possibility of relieving the paroxysms and perfecting a cure. Locating the exact spot where she received the wound eight years ago, situated midway between the parietal eminence and parietal foramen, just at this point we trephined and removed two buttons, the latter occupying half the space of former. We found that the membrane lining the inner table of bone had become thickened, irregular and adherent, producing an irritation, the effects of which followed the above symptoms. After the operation was performed not the slightest symptom of her former paroxysms manifested themselves for three months, and since that time only very slight manifestations have been noticed and at greater intervals, thus showing the absolute necessity of the operation and the happy result which followed. After consulting the best works and references on the

results of trephining we find often fully two years is required to perfect a radical cure, and so with our case, while the operation relieved the girl of the paroxysms to a great extent, and only very slight manifestations remain, we feel confident in the course of several months permanent relief to be the result.

New Books Reviewed.

Three Hundred Questions on Medical Subjects: arranged for self-examination, etc.; Philadelphia; P. BLACKISTON, SON & Co.

This little book of 144 pages is one of the neatest and best arranged of its kind we have seen on the market. It is easily carried around in your vest pocket and properly used and studied will make any student familiar with the leading questions on the different medical sciences. Opposite each question are numbers which refer you to books and pages where the answers are to be found. The books generally referred to are Blackiston's "Quig Compends."

A New Medical Dictionary: by GEORGE M. GOULD, B. A. M. D., Ophthalmic Surgeon to the Philadelphia Hospital and Clinical Chief Ophthalmological Department, German Hospital, Philadelphia; P. BLACKISTON, SON & Co. Price, Morocco \$4.25; Cloth \$3.25.

The merits and excellences of this book show forth so clearly for themselves that remarks from us seem unnecessary. Rarely is a book published with which a reviewer can find so little fault as the one before us. It contains all the words generally used in medicine with comprehensive definitions arranged in a compact form and its size makes it most useful to the student and busy practitioner. It contains elaborate tables of the bacilli, micrococci leucomaines, ptomaines; of the muscles, nerves and ganglia; also tables of weights, measures and thermometers. The appendix which gives the classification with analysis of the waters of the different mineral springs of the United States, with the tables of vital statistics is quite an addition and improvement to the book. In fact it is a most valuable book and we cordially recommend it to our readers.

Diseases of the Nervous System: by J. A. ORMEROD, M. D., Oxon. F. R. C. P. Lond. Medical Registrar and Demonstrator of Morbid Anatomy at St. Bartholomew Hospital; Physician to the National Hospital for the Paralyzed and Epileptic, Queen Square, and to the City of London Hospital for Diseases of Chest, Victoria Park; P. BLACKISTON, SON & Co., 1012 Walnut St., Philadelphia, Pa., 1892.

Many valuable treatise have been written on the subject of ner-

vous diseases, but generally they are so large and elaborate that the practitioner has not time to refer to it, but in reviewing this work one is forcibly struck with the great mass of information arranged in such an excellent and condensed form. It is well bound, beautifully printed with many illustrations of different portions of the brain and cord. The introduction gives an excellent description of the brain structure including motor areas and centres. It shows careful research and diligent study by the author, whose experience places him in such a position to offer to the profession a work which altogether meets the demands.

Spectacles and Eye-Glasses; Their Forms, Mountings and Proper Adjustment: by R. J. PHILLIPS, M. D., Instructor in Diseases of the Eye, Philadelphia Polyclinic and College for Graduates in Medicine, etc., with 47 Illustrations; P. BLACKISTON, SON & Co., 1012 Walnut Street, Philadelphia, Pa., 1892.

This little book we have read with much interest. It is entirely new, well bound, good paper and nicely printed. The introduction gives an interesting history of the glasses used in ancient times and the rapid progress made in this branch. To those who are interested in the purchase of glasses and are in doubt as to the exact kind from a deficiency in the knowledge of the different parts this book will be of great value to them. It treats of spectacle fitting, inspection and adjustment with beautiful illustrations.

A Case of Acetanilide Poisoning.

I was called hurriedly to see a man twenty-five years old who had been suffering with an intense headache for six hours. He had taken eight grains of acetanilide every hour for five hours, and his head continued to ache worse. His lips were blue, his finger nails were intensely cyanotic, extremities cold. I immediately placed his feet in hot water, and gave him two ounces of whiskey every hour for six hours. His head grew better and in a few hours was relieved. Strange to say, he was a man not accustomed to drink, and yet he did not become the least intoxicated. I have noticed several cases of poisoning from acetanilide recently. I think the drug in some cases in small doses acts well, but there seems to be a prevailing tendency among the laity and some physicians to use and prescribe this drug with no discrimination whatever.

J. C. M.

Selections.

Electrocution being so uncertain, so horrible and so costly, is to be abolished in New York. The legislative committee will report favorably a bill to that effect, and the old-fashioned hanging will be substituted. Hemp is cheaper and more effective.—*Medical News*.

Dr. D. Hayes Agnew left an estate estimated at \$100,000, the financial reward of an unremitting service in his profession of more than half a century. It must be remembered that he was a surgeon and received the largest fees, that he belonged to the highest social and professional class of the east, and that he possessed an iron constitution that endured work far beyond the strength of most.

Edson, who likes to say striking things, and who sometimes says good ones, states "that during over nine years' service in the health department of New York, I have never seen a case of small-pox in a person who had been successfully vaccinated within five years, and the number of cases I have seen mount into the hundreds. During that period I have seen but one inspectors of contagious diseases contract small-pox, and he was the only inspector who disbelieved in vaccination, and refused to have it performed on himself."—*Medical and Surgical Age, Alabama*.

A French justice of the peace has shown himself not only a man of humanity but also one who recognizes that the statute law must not interfere with the laws of health, by a decision rendered lately in the case of a woman who was arrested for micturating in a public place. The justice in his decision, which was published in *Le Progress Medical* is an inimitable example of the fitness of the French language to describe delicately a matter of this kind, says that since no provision is made in the streets of Paris for women to answer the calls of nature except by the payment of a fee in a case of urgent necessity it would be impossible to sustain the complaint without interpreting the law in a way that contravened the public health, thus giving another illustration of the truth of the old saying that "necessity knows no law."—*N. W. Lancet*.

An advertisement, of which the following is a free translation, recently appeared in a Belgian newspaper: "Wanted, a gentleman, of robust appearance, and pleasant manners, to attend daily for a few hours in the waiting room of an eminent medical man, and assume the character of a successfully treated patient. Terms liberal.—Address, etc." The Hospital Gazette commenting on this says: Consulting room "dead heads" are an old and venerated institution in West End medical circles, and are highly valued by those who make "the diseases peculiar to women" specialty.—*Medical News.*

A recent young graduate, having obtained his degree from a certain medical college known for its quick grindings, returned home with his parchment proud as a lord (*Am. Med. Jour.*). It was known generally in the community that the young man had been absent from his home only a few weeks and were led to wonder how in the world the young man could become an M. D. in so short a time. The local paper, however, put the whole matter at rest, by stating that owing to the unusual brightness of intellect and readiness of the young man's mind to grasp the thought, it only took him three months, wherein under ordinary circumstances it takes others three and four years.—*Medical News.*

The reports of laparotomies are more numerous than any other single surgical operation. In New York one man alone last year reported 200 laparotomies. The number performed by the numerous other operators must have been large. Dr. F. B. Robinson in the Obstetrical Journal tells of a country doctor who reported 35 laparotomies in one year. A young doctor in a town of 3,000 did 72 laparotomies in seventeen months. One operator in Detroit lately did three laparotomies in one day, while two a day is not an uncommon task for him. The many other operators make an aggregate number of these operations during the year large. The same is true of every other progressive city and village in the United States. The operation of to-day is laparotomy. Those operators are "left" who do not make a large showing. Doubtless this matter will settle itself correctly in time, but meanwhile the women have lost their ovaries. The same may be said of the introduction of every other new operation. The pendulum swings from one extreme to the other finally striking a mean.—*Lancet.*

A singular case of mutilation during child-birth is reported in the *London Lancet*. An unmarried woman traveling alone in a railway compartment was seized with labor pains and found an arm protruding from the vagina. In her efforts to deliver herself she broke the arm and afterwards cut it off with a table knife she had with her. When delivered by turning about an hour afterwards the child was found almost entirely exsanguinated from the hemorrhage through the brachial artery, the arm having been cut off about two inches above the elbow. The medico-legal aspect of this case is its most interesting feature, for the child having been mutilated by the mother while it was still unborn and therefore a part of herself, the mother is exempted from criminality in an act that an hour later would have been a murder, or at the time it occurred would have been a murder had it been done by any one beside the mother herself.—*N. W. Lancet*.

The medico-legal expert, according to the *Denver Medical Times*, should occupy a higher plane. In the first place as to the qualifications of the medico-legal expert, we hold that he should not be allowed to testify in this capacity unless a graduate in both law and medicine. He should be required, moreover, to take a further post-graduate special medico-legal course of two or three years in a regular college for that purpose. When all this has been done the aspirant for medico-legal practice would be at least mentally qualified to give evidence which would enlighten a jury and untangle a web of crime. He would not be a mere opinionist posing on his assurance and plausibility; nor would he be in the position of the rutted old practitioner, honest, but set equally in prejudice and conviction. Our ideal medico-legal expert would be first of all a man who knows his special profession thoroughly, and lastly, one who studies out the truth of the case as earnestly as if his own life or liberty were at stake. The partisan methods and original asininity "expert" testimony has brought ridicule and opprobrium upon the medical profession. The cause of error is twofold, lack of special training and the love of money. Let a physician be ever so honest in intention, yet the lurking devil in the retainer fee will lure more strongly than the claims of justice and make of him unconsciously the suborned witness of his client.—*Weekly Medical News*.

Bills are not rendered as they should be by physicians. The New York Medical Journal very pertinently observes that there is perhaps no more fruitful source of loss to the physician than laxity in rendering bills. There is great truth in the old saying that short accounts make long friends. It is frequently said that doctors' bills are hard to collect. If this is true, the doctor is in many instances to blame—not because of lack of professional skill, but because the bill is so long delayed that the patient has forgotten the matter and his gratitude has evaporated. The age of long credits in commercial life is gone. This is largely true also of professional work in the great centers of population. In some country localities and among certain city physicians it is not true. They allow accounts to run for months or years without rendering a bill. The doctor's bill thus becomes a formidable thing and is hard to pay, and must usually be discounted. If rendered at short intervals, before it has attained to great size, it is grouped with the current expenses and is quickly paid with comparatively little effort. The doctor's care, and labor, and sleepless nights are then all remembered, and the patient feels that he is paying money for value received, and does not ask for a discount. Frequent bills, while they need not show a mercenary or grasping spirit, do show that the doctor lives by his practice and expects remuneration for his labor. It is not wise to place anything on a bill that will seem to be an apology for rendering it, such as the statement "bills rendered quarterly." A bill should be rendered as a matter of course at stated intervals, which will vary somewhat in different communities.—*Medical Review*.

A Bore-Bell.

A Cincinnati physician has a secret office-bell, so says the *Annals of Hygiene*, which he calls a "bore-bell," and he believes it is a great thing. When he is tackled by a bore, or when his lady visitors insist upon giving him the history of all their relatives and their ills, the doctor's foot suddenly touches a spring, which rings the "bore-bell," and in rushes a messenger with an important message or telegram. The visitor's tedious tale is interrupted, and she or he leaves the office because the doctor is so busy you know. The same message or telegram can be used a great many times, and the doctor's callers never suspect anything.

Human Nose Not in the Centre of the Face.

A California physician makes the above statement, and explains thereby the difficulty many people have in keeping eye-glasses on the nose. The difference between the two sides from centre of nose to centre of pupil is as a rule, 1-16 to 1-8 of an inch, seldom more than the latter. The decentering, which results in lenses mounted in the ordinary way, is enough to interfere materially with perfect vision. It is the exception to find the nose centrally situated.

Congenital Infection of Tuberculosis.

Dr. J. A. Jeffries asks this question (Sanitarian): Does congenital infection often occur? Can the bacillus gain access before birth, and lie latent for fifteen or fifty years, as claimed by some, and then suddenly become active, and kill its host? The paucity of records shows that congenital infection is very rare. That the second is possible there is not an iota of evidence; it is only a comfortable way of explaining what is not understood. Against it, much can be cited, as the rarity of proved congenital infection and the activity of the germ in the young. The lesson is that we must be careful of the maternity of our experiment animals. Congenital infection is not a factor of importance in the propagation of tuberculosis.

Dislocation of Femur.

Dr. S. B. Judkins records the following interesting case (Med. Summary):

Mrs. M. J., aged 89, was one day washing a handkerchief. While sitting beside the tub, there suddenly passed her vision a flash like lightning. She fell over and was carried into the house, and the old family physician hastily summoned. Ten months later, examination developed the fact that there was a dislocation of the head of the femur upon the dorsum ilii. He proceeded to reduce this dislocation by manipulation, and in a half hour succeeded beyond his most sanguine expectations. He had reason to believe that a portion of the capsule was lacerated. No anæsthetic was used in treating this case, as he thought it unnecessary. In Prof. Hamilton's "Dislocations and Fractures" he records a case eighty-five years of age. The present case is the oldest of any of which we have any knowledge. She used crutches for about six months, and then laid them aside for a cane, and could walk quite well.

Hugging Societies.

According to the *Doctor's Weekly*, in St. Louis they have introduced hugging societies to swell the Hospital Fund with the following scale of prices: Girls under sixteen, 15 cents for a hug of two minutes or 10 cents for a short squeeze; from sixteen to twenty, 50 cents; from twenty to twenty-five, 75 cents; school-marms, 8 cents; another man's wife, \$1; widows, according to looks, from 10 cents to \$3; old maids, 3 cents apiece, or two for a nickel, and not any limit of time. Preachers are not charged. Dr. Bransford Lewis and other medical editors pay in advertisements, but are not allowed to participate until everybody else has gotten through, and even then they are not allowed to squeeze anything but old maids and school-marms.

We are thankful that we are married.—*Medical News*.

Paternal Impression.

A good deal has been written recently in medical journals on the subject of Maternal Impression, but as the literature on Paternal Impression is exceedingly meagre, we deem it a duty to call attention to the following remarkable case which we find recorded in a daily paper:

"A queer freak of nature has just been discovered at Centreville, N. J. It is a two-months-old child with a perfectly formed body, but with a pig's face. The snout is very pronounced. C—M—— is its father. A relative of M—— is said to be not only the mother of this baby, but of two other children. Deputy Sheriff Walling intends to have a warrant issued for M——'s arrest. M—— is an ex-convict, having by a curious coincidence served a term for poisoning a neighbor's pigs."

So far as we know no explanation has been given of this remarkable "freak," but we presume now that the fact has been made public, satisfactory explanations will follow.—*Brooklyn Medical Journal*.

The Cobweb as a Styptic.

When Bottom was "translated" and introduced to the attendants of Titania, he endeavored to ingratiate himself with Good Master Cobweb by saying, "When I cut my finger I will make bold with

you." To arrest bleeding the application of a cobweb to the wound has long been a rural custom (Lancet). Experience has shown that the gossamer of which the web is composed forms a very useful styptic; but a very fatal objection to its use arises from the fact that as an application to an open wound it can never be guaranteed to be surgically clean, forming as it does a net for insects, and at the same time for the germs of many an infectious disease. Evidence of this was produced before the Liverpool coroner recently touching the death of Martha Roberts, who, following the time-honored custom, had applied a cobweb to her wounded hand to stop the bleeding. Blood poisoning followed upon its application, and this terminated, unhappily, in a fatal issue. It is not a solitary case. The principles of asepticism have not yet become part of the intellectual equipment of the people, neither have its lessons succeeded in overcoming prejudice.

Menstruation in Males.

Paul Albrecht (L'Anomale, 1890, Ill.) draws attention to the fact that while blood corpuscles appear in the urine of men at regular intervals, are present three or four days, and then disappear. This he interprets as a kind of menstruation. The idea is not a very strange one, for it is a known fact that men with excessive hypospadias menstruate. He offers this as another proof of the independence of menstruation and ovulation. It is to be hoped that further investigation will afford a clearer exposition of the subject.—*Medical and Surgical Reporter*.

Rapid Generation.

A physician, of Minneapolis, Minn., writes to the Medical Record: "On October 4, 1885, I attended a lady at the birth of her first child, and on July 19, 1886, I again attended her in her second confinement, just nine months and fifteen days between the birth of the children, both born at full time and well developed. She was a Scotch lady and had come to this city only a few weeks before her first child was born. Can any of the readers of the Medical Record equal this?" We doubt if they can! answers the editor. We would suggest that all the cheerful liars are not dead yet, and there are a good many left to hear from.—*Medical Review*.

Doctors are men and the following, from an exchange, seems to point to some: Man born of woman is of few days and full of schemes to get his name in print.—*Medical Journal*.

Wanted a Gold Cure.

The following appears in the St. Louis Republic: An aged darkey called at the Keeley Cure Institute a few days ago. "You are not a drunkard, are you, uncle?" said the doctor, in some surprise scanning the tidy-looking old fellow. "No sah, I nebber tooked no mo' old Kentuck then would make me feel good, but I'se tired of bein' po' so long, an' I thought mebbe you'd give an ole man a few of dem gold shots, so I'd feel richer, an' den (lowering his voice) I's goin' to be a deacon ob de church, an' I wants to get rid of dis yer chicken habit."—*Medical News*.

Medical Proverbs.

Tender surgeons make foul wounds.

Of the malady a man fears, he dies.

Diseases are a tax upon our pleasures.

He that would be healthy must wear his winter clothes in summer.

He that sits with his back to a draft sits with his face to a coffin.

A good surgeon must have an eagle's eye, a lion's heart, and a lady's hand.

A physician is a man who pours drugs, of which he knows little, into a body of which he knows less.—*Medical Age*.

Another Keeley Victim.

William Zell, a well known carpenter of Omaha, Neb., decided to quit chewing tobacco, and with that end in view began taking the Keeley tobacco cure, March 15, last. He never drank or smoked, but chewed only. He was a healthy man, and no one thought such treatment would injure him. He quit work an hour earlier March 29, and went home, dropping dead just as he entered the door. The physicians who were summoned pronounced his death due to the medicine he was taking. Upon being notified the coroner held a post mortem, and intends to thoroughly investigate the treatment and its effect. It is thought this will cause trouble for the whiskey cure.—*Medical Review*.

Fine Diagnosis.

Dr. Lauder Brunton in a recent address laid great emphasis on the necessity of care in diagnosis and gave some amusing instances of errors in this important part of a physician's work, due to too hastily formed opinions. In one case he was among a class of students around a man suffering from heart disease, when it was noticed that the pupil of one eye was much more dilated than the other. At once numerous more or less learned suggestions were made to account for the mydriasis. Eventually the man informed them that the eye over which there had been so much animated debate was a glass one. Another instance related to a learned professor who used to boast that he could tell much concerning the medical history of his patients by their teeth. When holding forth on his favorite theory one day he was considerably disconcerted by the patient taking out the complete set of masticators, and saying: "Perhaps the gentleman would like to look at them closer."—*Medical News*.

Where the Noise Comes From.

A French physician of an inquiring turn of mind has had his curiosity excited by those mysterious noises which sometimes roar around the equatorial zone of charming woman, especially if she has been indulging in unlimited bonbons, and set himself about solving the problem of their origin. He thinks he has done so, and his conclusions form one more indictment against the destroyer of the health, the grace, and the beauty of form of the gentler sex—we mean the corset. The pressure of the stays causes, he says, a constriction of the stomach dividing it into two lobes, and during respiration the gases and liquids contained in the organ pass alternately from one to the other lobe. Thus during expiration the diaphragm ascends, removing pressure from the upper lobe, while the lower lobe is compressed by the abdominal muscles. The air and fluids are thus forced into the upper lobe, and rumble and whistle as they squeeze through the constricted zone in the grasp of the corset. During inspiration the conditions are reversed, and the noisy current runs the other way. The sounds cease as soon as the stays are taken off, and reappear when they are again applied. The moral is obvious. Of course it is.

Apoplexy in the Jury-Room.

The Queen of Spain, it is reported, once fell off her horse. Her foot became entangled in the stirrup, and she was dragged in the muddy road. None of the officials near by could help her, for it was the sole privilege of the master of the horse to assist the queen to dismount, and this public functionary was absent. History repeated itself (Physician and Surgeon) in the case of the Fox will case recently tried in Boston. The court had been adjourned and the jury were deliberating on the verdict. One of the jurors was seized with apoplexy. The officer guarding the sanctity and secrecy of the jury-room was not empowered to grant admission to a physician so he sent word to the deputy sheriff. The deputy hesitated, but finally referred the matter to the sheriff. The sheriff declined to act and sent couriers to the judge, and he finally issued an order summoning a physician.—*Medical Review.*

Keeping in Step With Nature.

More and more we realize that this is the secret of bringing the sick to health, and we earlier recognized it to be the secret of keeping the healthy healthy. Time was when there was uncommonly little recognition paid to nature, still less consultation with her, on the part either of theology or of medicine. The former pronounced human nature to be deceitful and desperately wicked, until made over into something quite unrecognizable, by some patent theological process or other. The latter tacitly declared that nature was altogether powerless to make repairs in the organisms it is her business to keep in order, and proceeded to outrage, defy and overthrow her by every diabolic device known to ancient medical ingenuity. But modern theology has decided that work along the lines of unalterably established human needs and impulses is the only effective work; and modern medicine is learning, in wholesome humility, to stand with bared head before Mother Nature, only too gratefully profiting by her lightest hint. A very great theologian once said that righteousness was only in keeping in the current of divine Providence. The correlative medical axiom might be, that health is only keeping in step with nature. The old-fashioned doctor, called to a sick bed, was wont to mount some hobby of theory whose gallop too often ended by the patient's open grave. The

new-fashioned doctor follows respectfully, on foot, the silent couriers of sign or symptom that nature sends out for his guidance. Instead of drastic dosing with purgatives for constipation, to-day's doctor orders free of drinking of water; instead of perilous anodynes for outcrying nerves, he feeds them with the fats, their natural and too-long-denied foods, for which they were crying; instead of whip and chain for the mentally diseased, he gives them long rest, full nourishment, the books, the society, the out-door work which, as best suited to the individual case, shall restore with healing, gentle touch the lost balance. Instead of exhausting bleeding in febrile conditions, continual and refreshing applications of cooling water and ice. Assiduous search to discover just where nature, through hereditary defect or otherwise, is unable quite to have her way, and to aid her, judiciously and gently, in getting her way; this is the rational, the merciful tendency of modern medicine. To do this with the least expenditure of force, and along the simplest and most obvious lines, is to be the most progressive and the most certainly successful of practitioners. Not to scorn nature, but to keep in step with her, that is the secret of medical advance to-day and forever.—*N. E. Med. Gaz.*

An Interesting Case.

Mr. J—— V——, a young man, twenty-one years of age, was first seen July 5th, 1891. Had been for eight months under treatment for Syphilis, and all the while growing worse. Was very much prostrated, and was suffering with an immense abscess on the outer portion of the upper third of the left thigh; also, one on the left side of the neck. Had, moreover, a large tumor on the right side of the neck, and a still larger one on the back, both tending, of course, to suppuration. Prescribed Verrhus Clemiana, two teaspoonfuls four times a day, to be increased in two weeks to four teaspoonfuls.

At the expiration of two weeks the abscess on the thigh was discharging profusely, general appearance of patient improved, and he reported himself as feeling much better. Ordered the dose increased gradually to six teaspoonfuls, four times daily.

At the expiration of six weeks the abscess on thigh was still discharging freely; the one on neck scarcely at all. Ordered the suspension of the medicine for a week, during which time the dis-

charge from abscess on thigh diminished perceptibly; the one on neck ceased entirely. On resuming the medicine, the discharges from both abscesses became again profuse, and so continued for about two weeks longer, when it began to subside; the tumors began to diminish in size, and in four months from the time the treatment was commenced, all symptoms of the disease had disappeared. Advised him, however, to continue the medicine a few months longer.—J. EMMETT BLACKSHEAR, M. D.

Lawyers and Doctors were recently compared in Dublin. At Mr. Croly's banquet in Dublin recently, Lord Ashbourne responded for the Bar, and in the course of his remarks said there were points of contact between the medical and the legal professions (*Brit. Med. Jour.*). Barristers, no matter how busy they were, liked to appear more busy than they really were. He supposed it was no disparagement to the medical profession to say that they were similar, and, if he traced them out, there would be found other points of contact. The legal profession was a richly endowed one. They had high salaries and great prestige, but the medical profession had no such prizes. Let them look at the dispensary doctors. They got public money measured out in small doles with slow, meagre hand. They had no red ribbons, but many "scarlet runners" (red tickets); and if they went to the highest positions, they would find that they fell far short of the prizes that were esteemed worth winning by the best men in the legal profession. When he came to consider the Bench, he was unable to find in the medical profession with men as able, with learning as great, with sense of duty as high—he was unable to find in it similar honors and dignities. Lord Ashbourne's appreciation of the profession is worth noting, and his recognition of the fact that the big prizes go to the lawyers is valuable. Perhaps it may bear fruit in due time. His allusion to the dispensary doctors shows that he has been reading the tale of their mysteries, and that he recognizes at least the force of some of the complaints. As he is a member of the Cabinet, the head of the judicial bench in Ireland, and an Irishman acquainted with the circumstances of the dispensary medical officers, he might use his powers advantageously in inducing the chief secretary to try to remedy some of the admitted wrongs of the service.

Glycerin for Hypertrophied Tonsils.

The treatment by caustics or by the galvano-cautery is troublesome, tedious, and disagreeable. The applications must be made by the physician himself, and the difficulty in limiting it to the affected organ is very great. If the caustic be strong enough to do much good, it will inevitably get in contact with the tongue, or, in liquefying, run down into the œsophagus and cause painful ulcers. The guillotine is neater and quite satisfactory, although serious hæmorrhage sometimes follows its use. But occasionally a child will not submit to operation, or there may be special reasons rendering it unadvisable. In a case of this sort recently, my little patient's mother suggested the employment of glycerin.

Glycerin has long been one of our chief remedies in uterine enlargements and congestions. By its hygroscopic qualities it abstracts serum from the tissues to an extent that would scarcely be credited by those who are not familiar with its action. In a case of infiltrated eczema also, I once performed a notable cure by depleting the thickened skin by means of pledgets of cotton saturated with glycerin. When the infiltration had been reduced, the ointment of red iodide of mercury exerted its usual curative action, although the same agent had failed before the use of the glycerin.

In the case of tonsillitis, it did not seem likely to be of service. The constant secretion and swallowing of saliva would so quickly remove the glycerin that its action could not last long. But the child was fortunate in having a nurse of unusual qualities, and she promised to make very frequent applications. This was accordingly done, and at least twenty times a day the child's tonsils were painted with the purest water-free glycerin.

The result has been better than we expected. In the course of a few weeks, the enlargement has steadily lessened, and has now almost disappeared. The suggestion may be an old one, as it is one of those very obvious ones, that is apt to occur to any one familiar with the utilization of the hygroscopic quality of glycerin for other purposes. It can scarcely be expected, however, that this method of reducing hypertrophied tonsils will be successful, unless under such exceptionally favorable conditions as existed in the present case.—*William F. Waugh, M. D., in the Times and Register.*

Abstracts.

Uncontrollable Vomiting.

Persistent vomiting is often permanently relieved by the application of a small blister to the epigastrium.

Benzoin Solution of Menthol for Hæmorrhoids.

Dr. E. N. Bradley, in the New York Medical Journal, reports the successful use of this solution in alleviating the pain and overcoming the spasm of the sphincter in hæmorrhoids. The spraying of the hæmorrhoids with this solution was followed almost instantaneously by a cessation of pain, and by such a decrease in the volume of the tumors that their spontaneous reduction speedily ensued.—*Medical Age*.

Asafoetida as a Remedy for Habitual Abortion.

The Centralblatt für Gynakologie for March 5th contains a summary of an article by Dr. Guido Turazza, of Padua, who gives his own testimony, together with that of several other Italian physicians, in favor of the efficacy of asafoetida as a preventative of abortion. A pill containing about a grain and a half of the drug is given once in two days at first, and gradually at longer intervals until finally one is given only every tenth day. The author regards asafoetida as a good remedy in the nervous derangements of women, and remarks incidentally that it has the advantage of regulating the action of the bowels.

A Prescription for Young Physicians.

According to the British Medical Journal, a distinguished Vienna professor gives the following prescription to all young physicians who call to take leave of him before embarking on their professional career; R. Veritatis, humanitatis, fidelitatis, a. a. infinitum. Misce. Ft. elixir vitæ. Signa: To be used constantly throughout life. It is easy, perhaps, for most men to start with a good stock of this spiritual elixir, but the difficulty is to find an apothecary who can dispense the prescription when the supply has run out.—*New York Medical Journal*.

An Effective Method for the Induction of Abortion.

Ræther, at the September meeting of the Hamburg Obstetrical Society, (*Centralblatt für Gynakologie*, 42, 1891) advocates the following plan of inducing abortion: Under ether, dilate the cervical canal; clear out the uterine cavity with the finger and, if necessary, a placental forceps. Scrape the placental site with a dull curette, and pack the uterine cavity with iodoform gauze, leaving an end projecting from the cervix to secure drainage. Done aseptically, this method is safe, effective, and rapid.—*Ex.*

For Cure of Insomnia.

Repeat twelve times the following:

Like the passionate palm that breathes all the odors of day

To the soul of the night;

Like a river that runs and frets on its turbulent way

To the quiet deep;

Like the swallow, weary of cold, that southward gleams

To her land of delight,

So the heart overfull of its sorrow flows over in dreams

Of compassionate sleep.

—*Ruth Johnsen in March Lippincott's.*

Sterilized Infant Foods.

Messrs. Reed & Carnrick have perfected their Infant Foods in keeping quantities by sterilization and by placing them in hermetically sealed containers. They claim that Lacto-Preparata, an all milk food, composed of half Lacto-Preparata and half dextrinized wheat, for use after six months of age, have now practically reached perfection in keeping qualities, and that they are the only infant foods in the market that will alone thoroughly nourish a child during the nursing period. Their Lacto-Preparata almost perfectly resembles human milk in character, composition and taste.—*Ex.*

Dr. Lippincott (*Ophthal. Review*, March, 1892,) reports a number of cases of obstinate corneal ulcers and one case of suppurating wound of the cornea which resisted ordinary treatment but were cured by repeated applications of water at a temperature of 150° F. He advises using a test tube to heat the water and allowing six to eight drops to fall singly, at second intervals on the affected portion of the cornea.

Ingluvin.

Messrs. W. R. Warner & Co., of Philadelphia, desire to send to any physician a sample of this remedy wherever they have a patient resisting all other treatment for sickness in gestation, marasmus, cholera infantum, for which it has been found to be almost a specific.

Prevention of Extension of Venereal Disease.

The Lyon Medical states that the Dutch Colonial authorities have adopted the following plan to prevent extension syphilis among the troops: Each soldier in barracks is allowed to take a mistress from among the native women, and these are registered and subjected to military discipline. If taken sick, they are treated in the army hospitals, and are reckoned in the non-combatant portion of the service. They number over 10,000, while there are about 30,000 soldiers.

Chloride of Sodium in the Sickness of Pregnancy.

Dr. Green, in the Med. Press, states that he has recently had two very severe cases of sickness during pregnancy. The first person had been under several physicians, who had tried all kinds of remedies, but nothing stopped the sickness. When seen by the author she was in the seventh month of pregnancy and very much reduced. Before resorting to the induction of premature labor, it was decided to try the effects of small doses of chloride of sodium—common salt. It was given in five-grain doses in one ounce of chloroform water. After the first dose the sickness was lessened, and by the time six doses had been taken it had entirely ceased. It was found necessary to continue the medicine three times a day up to the time of delivery. The patient had a good labor and made a good recovery. In another case a similar treatment was followed by the same result. The action of this drug seems to be accounted for by its strong antacide properties, for in the case of both patients the secretions were very acid, yet soda, potash and ammonia gave no benefit. The author suggests that the salt be called by its chemical title when prescribed, as some patients might despise the remedy if given as common salt.—*Western Reporter*.

Treatment of Abortion.

When abortion is threatened, Dr. W. W. Seymour, *Am. Gyn. Journal*, keeps the patient in bed, gives full doses of opium, and if necessary fluid extract of black haw. In the early stages this usually suffices. To control the hæmorrhage he uses a tampon of iodoform gauze as it can be left in place longer without danger than any other material; however it is never allowed to remain longer than twenty-four hours. When abortion becomes inevitable he cleans out the uterus thoroughly. He precedes examination by a thorough antiseptic douche of the external parts as well as the vagina. If necessary he dilates the uterus with a mechanical dilator, never with tents, introduces a Martin's curette or a polypus forceps and removes its contents thoroughly. The success of his treatment is demonstrated by his record of one hundred and fifty cases, in which there was no death and no septic condition developed after the operation.—*Western Reporter*.

Prevention of Insanity.

Of all the medical advances of the present age, says Dr. Shelby Mumaugh, none is more promising of satisfactory results than the movement to unroll the map of insanity and trace mental derangement to its source with a view to remove and obviate those causes which are conspicuous in its production. When people are educated to understand the true philosophy of mind, then the circle of lunacy will be shaken from centre to circumference. When the multitudes learn to escape and avoid preventable causes, then the insane population will rapidly diminish in the same ratio that it increased when those causes were introduced in the habits and customs of the human family. It is frequently in the power of the physician to curb mental obliquity and prevent families from being broken up, spirits from being broken down. He may be enabled to educate many people how to keep the brain swept from the bewilderment produced by vices and intemperance and how to keep it garnished by virtue and discretion. Thus may not infrequently be prevented "the eclipse of reason"—the most disastrous exclamation point to which the mental faculties are subject.—*Medical Standard*.

Palatable Castor Oil.

As the result of a series of experiments, Staadke (Deutsche medicin, Worehenschr, 1892, No. 4, P. 871) believes that he has succeeded in removing the nauseous taste of castor oil. The best castor oil is repeatedly treated with hot water, then sweetened with sufficient saccharin to possess a syrupy taste. Minute quantities of the aldehyde of cinnamon oil and of vanilla flavoring suffice to completely cover whatever disagreeableness of taste remains. Oil so prepared has been found to be as efficacious and as permanent as the ordinary oil.—*Medical News*.

Kirk (C. D.) on Eclampsia: Which is the Remedy?

I am quite sure that veratrum and morphine will give relief, so far as the convulsions are concerned, in every case that is amenable to any remedy now known to the profession. The case associated with small, weak, rapid pulse and cold extremities, cannot be relieved with veratrum in any size dose, but will surely sink under the influence of a large dose, and without the timely use of active stimulants will die very quickly. It is strange that veratrum may be given in ten-drop doses every fifteen to thirty minutes for the relief of one case, whilst the single dose of ten drops will prove fatal in another; yet we cannot discover any indifference in the two cases so far as the convulsions are concerned. Morphine is the remedy for the one and veratrum for the other, or the case with full, strong pulse. If the physician will always notice the pulse and give his remedies accordingly, he will not fail to control the convulsions. The cases with small, weak pulse, or full pulse, or full pulse without power, generally have less coma but more gastric derangement; they are relieved by hypodermic injections of three eighths of a grain of morphine, which proves to be everything that is needed. It fills the place of stimulants and relaxants: in fine, it is the remedy. But if there is full, strong pulse, veratrum should be given as mentioned above. It is a specific for the pathological condition.—*St. Louis Clinique, April, 1892*.

A monument is to be erected to the memory of the late Samuel David Gross, who was probably the most able exponent of American medicine and surgery.—*St. Louis Medical and Surgery*.

Dalton (H. C.) on Epilepsy from a Surgical Standpoint.

This is a report of a successful operation twelve years after the injury.

The patient was a colored lad twenty years of age. He was at times maniacal, during which he would tear the bedclothes, attack the attendants beat upon the window of his cell, etc., yelling meantime at the top of his voice. After these violent attacks he would pass into a demented condition; would stand for hours in any position in which he might be placed. There was never a moment in which he was rational. These violent attacks would occur a number of times daily.

He was kept locked up for about two weeks, when it was learned that at the age of eight years, twelve years prior to his admission to the hospital, he was kicked on the head by a mule. One month after receipt of the injury, epilepsy developed, which had steadily grown worse. For a year or two before admission the fits occurred several times daily. There was a cicatrix and a slight depression about an inch and a half above the left orbit. A flap of the scalp was raised at this point and a button of bone removed. No depression was found, the inner side of the skull being perfectly smooth.

The day following the operation he had two slight epileptic spasms, and a slight one on the third day, after which there was no recurrence of fits. Consciousness returned in a few days, the mental condition becoming clearer day by day. The wound healed nicely, and in two weeks the patient was walking around the hospital. He was discharged in two months, apparently perfectly well.

The fits have never returned, and his mental faculties have remained as bright as those of most young men of his race. It is now over three years since the operation.—*The Medical Fortnightly*, February, 1892.

A noted physician has recently stated that when a female opium victim brings forth a child such offspring is prone to die of an apparently causeless collapse. The real cause of such collapse is, however, the need of opium. He further says that the child not only finds itself struggling with the new conditions of life, but also totally deprived of its nerve stimulant, and it dies when its life may be saved by administering doses of laudanum perhaps sufficiently large to kill an ordinary infant.—*Exchange*.

Miscellaneous.

Notice.

The Quiz class conducted by Dr. Joseph Collins, of New York, will organize for its winter's work on October 1st, 1892.

Students prepared for their college, hospital, and State examinations. An average of 50 per cent. of the members of this quiz class are successful in securing hospital appointments.

Preparation for the positions in the Army, Navy, and Marine services a specialty.

A general direction of a student's studies from the beginning will be assumed when desired. Students beginning the study of medicine can, for a small extra charge, sign under Dr. Collins as their preceptor, and have all responsibilities assumed. Frequently young men coming to New York to study medicine waste a good portion of their first year by not knowing what to do and how to go about it. An experienced quiz master obviates this.

The class has always been composed of Southern men and references can be made to physicians in almost every State of the South. Correspondence solicited. Address:

DR. JOSEPH COLLINS,
153 Lexington Ave., New York City.

A supporter of the medical profession may be found in Kate Field, of Washington. She says: There are plenty of defects in medical art, and plenty of shortcomings. If an all-wise Creator couldn't make a human frame perfect enough to keep in order through all the hardships we put it through, it seems pretty audacious to demand of the poor human being who puts us in repair from time to time, that he should make his work permanently effectual. Of one thing, too, we may be certain. No profession is followed so largely for the love of it by all classes of its members as medicine, and again, that no other skill and learning is so often exercised without the faintest hope of reward to the experienced judgment of the average physician. If doctors were really the hypocritical experimenters that humorists in robust health seem to think them, they should yet command our respect for their professional enthusiasm and their philanthropy.—*St. Louis Medical and Surgical Journal.*

Bromo Soda.

On account of my happy experiences with bromo soda in the case of my daughter—who, by the way, has incipient phthisis—and as every true physician should, when a remedial agent of undoubted value is put into his hands, I feel it incumbent upon me to make known its therapeutic value. For a length of time my daughter had suffered most excruciating pain from headache accompanied with most debilitating nausea. Remedy after remedy was prescribed without accomplishing more than a negative result, until we almost despaired of affording her any permanent relief. My attention about a year or a little less ago, in England, was called to bromo soda as being likely to afford relief. Some of it was obtained from F. Newberry & Sons, 1 King Edward Street, London E. C. Moderate doses at first were exhibited to see how the irritable stomach would receive it. Finding that it did not disagree, the dose was gradually increased till the urgent symptoms began to subside, and it affords me great pleasure to inform you, that after three months persistent use of bromo soda, I feel assured that she is permanently rid of the two difficulties already referred to, and her general condition better than for several years.

Its gentle, at the same time, powerful sedative action certainly places it in the front rank of the remedies controlling the action of the pneumogastric nerve, and the entire medical profession should co-operate with you in making known its value as a reliable therapeutic agent. C. C. PERRY, M. D., 214 W. 42d St., New York.

To WM. R. WARNER & Co.

A needle story appears in the Kansas Medical Catalogue, as follows: From Springfield, Ohio, comes the following remarkable story, related by local physicians: A Mrs. Frank Saum in combing her six-year-old daughter's head pulled a broken needle, nearly an inch long, from the child's head. The explanation is found in the fact that a short time before the birth of the child Mrs. Saum ran a broken needle in her hand. It buried itself under the flesh and being unable to extract it, the lady gave herself no further concern about the matter. The doctor thinks the needle found in the child's head is the same one.

Perhaps!!!—*Southern Clinic.*

Febriline, or Tasteless Syrup of Quinine.

Quinine pills and capsules are very insoluble, often being discharged undissolved.

Febriline, or tasteless syrup of quinine, has been found to be just as reliable in all cases as the bitter sulphate of quinine, and physicians will find it to their interest to use it for adults, as well as children, in place of capsules. It is as pleasant as lemon syrup, and will be retained by the most delicate stomach, having also the advantage of not producing the unpleasant head symptoms, of which so many patients complain, after taking the quinine sulphate. Possessing these advantages, physicians will find it superior to the quinine sulphate, for all cases requiring quinine—particularly typhoid fever patients.—*Virginia Medical Monthly*.

Midwifery Among the Alaskan Indians.

The following notes on midwifery among the southeastern Alaskan Indians, the result of four years' experience amongst them, may be of interest: I will not discuss their superstitions, beliefs and theories concerning midwifery, but will describe, as briefly as possible, their manner of conducting a case of labor.

When a woman arrives at full term, a tent or hut is erected at some distance from the Indian village. A hole about two feet deep is dug in the ground inside the hut (or tent), and is lined with moss. A stake is driven into the ground a few inches from the hole. When labor begins, the woman is made to sit over the hole in a squatting position, as though she were in the act of defecation, and using the hole as a privy vault. She grasps the stake with both hands. One squaw sits behind with arms clasped around the patient's abdomen, and another sits at each knee to act as a brace or support. They make no examinations, the midwife not being allowed to see the vulva of the patient under any circumstances. When a pain comes, the patient holds on to the stake, the midwife clasps her arms more firmly about the abdomen, and the other two women press firmly against the knees of the patient with their shoulders. This is repeated with every pain until labor is concluded. When the child is born it drops into the hole, where it is left for five or ten minutes, or sometimes longer. Sometimes the child is seriously injured by the fall. It is taken out of this to be

cleaned three or four times daily. The child can be carried around like a sack of grain, but it is generally bound on the back of the mother. When the cord becomes detached it is covered by a piece of buckskin, which is nicely beaded. This is stitched to the breast of the child's clothing (like a rosette), and is worn by him until he is three or four years of age, when he is sent into the woods to hide it. There is a superstition connected with this which would take too long to detail.

In conclusion, I must say that their ignorance of midwifery is astonishing. In simple, uncomplicated cases they have, of course, no trouble; but if there is the slightest complication, they are helpless.—*J. K. Simpson, M. D., in Occidental Med. Times.*

Elixir of the Three Chlorides—Renz & Henry's.

Dr. D. Stuart Lyon, of De Land, Fla., says, he has used this in practice "during the past six months; and in all cases to which such a preparation is adapted, it leaves nothing to be therapeutically desired."—*Virginia Medical Monthly.*

The Southern Practitioner, published at Nashville, Tenn., and edited by Drs. Deering J. Roberts and Duncan Eve. In the January number, 1888, page 49, says:

Febriline or tasteless syrup of amorphous quinine, is one of the greatest boons yet conferred on the practitioner of medicine. The question naturally arises, what is it? Well we can say from experience, having given it a thorough trial—yes, we mean by thorough, trying it on our charity patients, using on them the samples left in our office, and its results were so good that we have tried it time and again on our pay patients, sending them to the nearest drug store with a formula, on which we did not hesitate to write over signature, febriline, and in these cases it has given us and our patrons the greatest satisfaction. Try it and you will use it again.

Dr. Janeway's Resignation.

Bellevue Hospital Medical College has lost its professor of practice of medicine, Bellevue Hospital has lost one of its most eminent attending physicians, and the Board of Health of this city its consulting physician. Why? Dr. Janeway says because these institutions are managed by politicians for political purposes! If

this statement is true, the people of this city have reason to feel regret. It is a great mistake to allow such institutions as those mentioned to be managed by politicians, or to allow politics to enter, in any way, the management. It has been rumored for a long time that the Bellevue Medical College management would not bear investigation, as conducted by Dr. Austin Flint, Jr. His arbitrary treatment of students was recently shown up in the courts by the decision of Justice Van Brunt, confirmed by the Court of Appeals, a full account of which we published at the time. We advise students to make careful investigation before matriculating here. This college is most bigoted in its interpretation of questions of ethics, and will not admit a student whose preceptor is not bound by the ethical laws which its dictator may consider orthodox.

The New York Recorder for March 2, 1892, has a long account respecting diploma selling and bogus diplomas, in which one Dr. Hayes and Bellevue Medical College are mixed up in this business in a suspicious way. There is certainly a great deal of smoke about Bellevue College at present, and Dr. Janeway is well out of it.

The point with us is, how Dr. Janeway could have stayed there so long as he did?

The question has been asked, why the college is allowed to occupy the building it does, on land owned by the city, when the premises are needed for the charities of the city?

The college is a private corporation whose capital stock is owned by the professors, and they receive large dividends therefrom, and maybe the politicians are stockholders also.

The hospital is managed by the Commissioners of Charities and Correction, and we firmly believe that so far as the physicians are concerned politics has nothing whatever to do. Our experience with this department confirms us in the opinion that the question of politics never enters the medical management in any respect. We have personally known every commissioner of this department, with one exception, for the past seventeen years, and more honorable gentlemen we have not met. During this time, in the appointment of medical officers to one of the large hospitals with which we are personally familiar, political affiliation has never been a factor.

The Board of Health, we have understood, has in recent years

become a partisan organization in respect to all its appointments, and is greatly to be commiserated for its degradation; and we congratulate Dr. Janeway for his courage in taking the position he has in respect to it. The high-minded physician will not be a party to city politics being thus mixed up. Here is a field for the Academy of Medicine and the County Society to make their influence felt in the interest of pure and decent ethics.—*N. Y. Medical Times, June, 1892.*

Double Pneumonia Complicated With Abortion.

During the prevalence of influenza last winter, all my cases of pneumonia were treated by the use of hot poultices and the administration of the Febricide Pills. These pills contain quinine, acetanilide and cocaine. There is nothing secret about them, and the object of this note is not to claim superiority for any special maker of pills, but simply to advert to the merits of the formula. While the pills made by the Health Restorative Company were employed for convenience, and proved entirely satisfactory, and reliable, retail druggist could prepare them quite as well except for the coating. But the combination is one of very great value, combining, as it does, an efficient antithermic with a cardiac tonic and a third dry quinine, which shares in the action of both the others and has a special effect in combating the tendency to suppuration. Perhaps in no disease do we meet with the indications for this combination so perfectly as in the pneumonia. And in the pneumonia prevalent last winter we had an opportunity of putting our methods of treatment to the most severe test offered during the present generation.

My records show that during the grippe period I attended twenty-three cases of lobar pneumonia, all of which recovered. Ten of these were hospital cases; the remainder occurred in my private practice.

Out of this group I have selected the worst case as the one which was in the greatest danger of death. She was a stout German woman, illiterate, living in unsanitary quarters, with an inefficient nurse. Everything was against her; yet she recovered. She was about twenty-four years of age, of good constitution and habits, except that she used beer moderately but regularly. I have learned to look upon this as of bad omen in pneumonia. She had been much disturbed by her baby—about a year old—who had been

sick for some time with the influenza. March 1st she was seized with a chill, and presented the characteristic symptoms of pneumonia. The disease rapidly extended to both lungs, until the dyspnoea was extreme. During the first three days my orders were not carried out by the drunken nurse, who was dismissed on March 3rd. By this time the patient was in a pretty bad state, the respiration being carried on by the upper lobes alone; the lips blue; breathing very rapid; temperature running up to 104.5° and pulse 136. Vomiting had been troublesome before her illness, as she was about five months pregnant. It was with difficulty we could get any food to remain in her stomach for a few minutes at a time. During the night of March 5th she aborted, losing but little blood—the foetus coming away easily. By this time the nursing department had been reconstructed, and the food, medicine and poultices were attended to very nicely. Crisis occurred March 7th, and the case went on to recovery without any untoward incident. The patient was discharged from treatment on March 22d, convalescence being somewhat prolonged by the effects of the abortion, and by the bad hygienic surroundings. Alcoholic stimulants were used throughout in the same quantities the patient had been accustomed to before her illness. Febricide was the only drug given, except a few doses of wine of ergot, a teaspoonful each, just after the abortion. "The case was watched throughout with the utmost solicitude, and the unexpected recovery was looked upon by all who saw it as a notable instance of the value of the combination employed."

Nor is the treatment of twenty-three cases without a death, during the prevalence of influenza, a record so common as to be undeserving of notice. The great work of Juergensen, in directing attention to the heart as almost the sole source of danger in pneumonia, has never received the general attention it deserves. People recover from pneumonia, in spite of their treatment with antimony, veratrum, aconite, or the depressant antipyretics given alone, and that in sufficient numbers to confirm their medical attendants in the use of these drugs. But the magnificent results of Juergensen with hundreds of cases, and no deaths, except in the aged, have never been paralleled. His methods of cold baths, quinine, red wine and raw beef, seems too peculiar to find general acceptance in this country, where the cold bath

has never really extended beyond hospital practice. The object however, sought in my own method of treatment, is precisely the same as that of Juergensen—to sustain the heart, and by combating the fever that saps the strength of the heart and increases its labor. With him I say: It is the heart, always the heart. Here lies the danger; here must be the remedy. Every means we employ for treatment acts for good only as it strengthens this organ or relieves it of its burdens. Antipyretics accomplish the latter object. It is necessary to see that they do not hurt the patient more by lowering his cardiac power than they do good by lessening the fever.—*By William F. Waugh, M. D., in the Times and Register.*

Elixir of Three Chlorides.

In regard to the Elixir of Three Chlorides, I am glad that I can conscientiously and heartily endorse it. As an “alterative tonic” the combination is a most happy one. Its stability, beautiful appearance, and pleasant taste are triumphs in pharmacy, and its therapeutic virtues are so scientifically blended that the intelligent physician need only read the formula to prescribe it—*W. Taylor Edmunds, M. D., in Southern Practitioner.*

How Criminals May be Detected.

In his essay on “Criminology” in the New Englander and Yale Review, Mr. Arthur Macdonald enumerates the following peculiarities in cranium structure which have been found to be characteristic of criminals: 1, A frequent persistence of the frontal median suture; 2, a partial effacement of the parietal or parieto-occipital sutures; 3, a frequency of the wormian bones in the regions of the median and lateral posterior fontanelles; 4, the development of the superciliary ridges, with the defacement, or even frequent depression, or the intermediary protuberance.—*Mid. Times.*

At a recent trial in Wisconsin, at which a number of men were indicted for murder on account of having taken part at a lynching case, the jury returned a verdict, finding that at the time of the lynching all of the defendants were insane, and therefore not guilty. They also found that since the crime was committed all but three had recovered their sanity, and were therefore discharged from custody.—*Texas Courier Record.*

Food Before Sleep.

Dr. Wm. J. Cathell says many persons, though not actually sick, keep pale, debilitated and below par in strength and general tone, and he is of the opinion that fasting during the long interval between supper and breakfast, and especially the complete emptiness of the stomach during sleep, add greatly to the vast amount of emaciation, sleeplessness, languor and general weakness we daily meet.—*Med. Times.*

Lavage.

Dr. W. S. Fenwick states (Practitioner) that at the present day every imaginable symptom that can in any way be connected with the digestive organs is immediately considered as an indication for the use of lavage, and not only are chlorosis, atonic dyspepsia, and the gastric crises of ataxia subjected to this treatment, but even cases of reflex vomiting are supposed by some to necessitate the employment of the douche. But it is obvious that in those cases where the treatment fails to do good it is extremely likely to do harm, since as Leube pointed out, it has the effect of removing those products of digestion whose manufacture has caused the stomach a considerable amount of labor. He cannot see how washing out the organ in a case where the normal amount of secretion proves insufficient can possibly increase its digestive powers; or the lavage of the stomach prevent the occurrence of symptoms which are wholly dependent on organic disease in another organ remotely situated. In one case of tabes dorsalis, accompanied by exceedingly severe gastric crises, he had the stomach washed out every day for some weeks and the state of digestion carefully watched; but beyond the fact that the symptoms of the disease grew steadily worse, he could detect no material alteration in the condition of the patient. In like manner, the few cases of atonic dyspepsia and chlorosis which he had treated by lavage have, without exception, proved exceedingly rebellious and only improved when subjected to the more ordinary course of medical treatment. Lavage is an invaluable remedy in gastric disease, but its indiscriminate employment in every case of disorder of digestion will prove a curse rather than a benefit, and will eventually discredit the procedure.

Hereditary Influence.

It is stated that the probable duration of a man's life may be known if the ages of death of his parents and grandparents are known, and that if these are added together and then divided by six, the quotient will be his approximate term of life. If the quotient exceeds sixty, one year may be added for every five; if it falls below sixty, one year should be subtracted for every five. The presumption in this proposition is that with good fortune a man may equal, but he may not hope to much excel, the average of his parents' and grandparents' lives.—*Medical Times*.

Error in Diagnosis.

The Vienna correspondent of the American Practitioner narrates a remarkable error in diagnosis, which is useful, not because it shows how a great clinician may be tripped up, but because it should make the little fellows more cautious. The writer states that his authority for the statement is Dr. Kundrat, chief of the pathological institute at the university. There came one day to Professor Nothnagel's clinic a patient offering a very dubious chain of symptoms. He had a very large area of dullness over the upper abdominal and lower thoracic regions of both sides. The man also gave as part of his history the fact of his having a dog to which he had been greatly attached. The diagnosis was plain to Nothnagel as one of echinococcus, and a lecture of considerable length was given to the class on that topic, preliminary to the patient's being handed over to Billroth's clinic for operation. An operation, laparotomy, was performed but the liver was found to be normal, or nearly so; and the same was true of the spleen. The trouble was seen to be thoracic and not abdominal. The wound was closed. An autopsy was possible a few days later, when the real disease was revealed to be pericarditis with an unusual amount of effusion.—*Journal of American Medical Association*.

Two physicians have been lately sued by the husbands of hysterical women for alleged alienation of the affections of their wives. In both instances the wives testified to having improper relations with the physicians. The jury in both instances disbelieved their testimony and found for the physicians.—*Medical Standard*.

The way of a Doctor is hard.

Circumcision.

In the Archives of Surgery Mr. Johnathan Hutchison sums up his experience in regard to the sanitary advantages of the rite of circumcision. After premising that it is not needful to go on a search for any recondite motive for the origin of the practice, he says: "No one who has seen the superior cleanliness of a Hebrew penis can have avoided a very strong impression in favor of the removal of the foreskin. If not removed it constitutes a harbor for filth, and is in many persons, a constant source of irritation. It conduces to masturbation, and adds to the difficulties of sexual continence. It increases the risk of syphilis in early life and of cancer in the aged. I have never seen cancer of the penis in a Jew, and chancres are rare.—*New York Medical Journal*.

Joined at the Spine—A Case that Rivals the Famous Siamese Twins.

Near Forsyth, (Mo.), there is living on a farm one of the strangest freaks that have ever been heard of. The freak is the son or daughter or both of John Howard, a farmer. There is a perfect double child of both sexes, but connected in such a way that no possible surgical operation can separate them.

The children are now seven years old. They are perfectly formed, with the exception that they have about eight inches of spinal column in common. They are back to back, and ten inches above the end of the spinal columns the bones merge into one column with a single spinal chord. The bodies separate again and the lower parts are entirely distinct.

Howard has been approached several times by museum men, who have heard of the freak, but he steadily refuses all offers to exhibit the children. The children play and act as others of their age do, and seem in no way affected by their singular situation. They have much difficulty in locomotion, but they have hit on a plan of their own whereby they get about.

They have an understanding, and when one wants to go forward the other is told and walks backward. They have done this so much that they can walk either way very readily. They have no thoughts in common, and are apparently thoroughly distinct with the exception of the slight connection of their spines.—*California Medical Journal*.

Astral Conception.

An exceedingly amusing trial, says the New York Recorder, in the courts of Rome, has recently been the cause of a good deal of comment among aristocratic circles in Italy.

An Italian duke, well known in this country, was over here up to last summer on a prolonged visit. On his return home he found that the duchess was just about to give birth to a child, which she endeavored in vain to persuade the duke was his.

Inasmuch, however, as the duke had been absent from Italy and from his wife for a period of close upon two years, it was obviously out of the question to suppose that he would admit the paternity of the infant, which is now a few months old.

The duchess is now trying to convince the law courts that the boy is her husband's son, and, being a follower of the cult inaugurated by Mme. Blavatsky, has accounted for what she is pleased to call the "phenomenon" by references to astral bodies and spiritual unions, which are sorely puzzling her judges as well as her husband.

Fussel (M. H.) on the Salol in the Treatment of Typhoid Fever.

I would be distinctly understood to say that I do not consider salol a specific in typhoid fever, but think I am justified in saying that salol is a useful remedy. I do not think it materially shortens the course of the disease, and it certainly does not lessen to any marked extent a high temperature, though it may, perhaps, as it seemed to do in some of my cases, prevent a continuance of high temperature. It certainly controls the diarrhoea, changes the character and fetor of the stools, and relieves the annoying condition of dryness of the mucous membrane, so generally observed in cases of typhoid fever.

The writer then epitomizes the history of thirty-five cases. The remedy was in general given in five-grain doses every three hours. He gives the following summary:

Of thirty-eight cases treated, thirty-five recovered. Hemorrhage did not occur once, diarrhoea was either absent or quickly controlled in a great majority of cases, the dryness of the mucous membrane was either absent or markedly improved in a great majority of cases.

This series of cases, with a death-rate of but eight per cent.,

while small, compares favorably with a like number of consecutive cases, treated on the expectant plan. The urinary symptoms, but in few of the cases, were never badly affected; in some the peculiar greenish-black color of the urine, characteristic of the elimination of salol, appeared very quickly, in others only after a considerable time. During the use of the drug, tube-casts were not found, and cases where albumen existed were not badly affected by the use of the drug. While Fussel would hesitate to use salol in cases of a true nephritis, the very general belief that salol is dangerous when used to the extent of coloring the urine, is not supported by his experience with the drug. A partial suppression of the urine sometimes occurred, but the secretion was re-established without stopping the use of the drug.—*Univers. Med. Mag.*

The Treatment of Dysentery.

At a meeting of the Medical Society of London, held October 19, 1891, Professor Bahadurji, of Bombay, read a paper on the treatment of dysentery, which he said was not a contagious or infectious disease nor in any sense specific. He claimed to have reduced the mortality to almost nothing. Instead of endeavoring to keep up the strength of his patients by meat juices and extracts, which he said acted only as irritants, he gave arrow-root milk. In the way of medication he gave bismuth, Dover's powder and soda, with the object of neutralizing the acidity of the blood, of calming the abnormal action of the glands of the large intestines, and of rendering the canal sweet and free from decomposition. He pointed out that the action of the ipecac and the alkali was to render the thick, sticky mucus more liquid, and thus enable it to be got rid of.—*Med. Press.*

Dr. E. E. Barnum, in the Buffalo Medical and Surgical Journal, gives an account of the method by means of which he got out of a serious case of transverse presentation. An arm was external to the elbow, the waters drained away and the uterus firmly contracted on the foetus, and so much so as to make version impossible. So he tried gravity. Bringing the woman on her knees to the edge of the bed, and lowering her head until it touched the floor, a few minutes sufficed for the retreat of the child, and, by spontaneous version, the head presented and the labor terminated in fifteen minutes.—*Medical Times.*

The Thirty Grains of Beauty in a Perfect Woman.

Three white things: the skin, teeth and hands.

Three black things: the eye, eyebrows and lashes.

Three red things: the lips, cheeks and nails.

Three long things: the body, hair and hands.

Three short things: the ear, toe-nails and feet.

Three large things: the breast, the forehead and eyebrows.

Three delicate things: the fingers, hair and lips.

Three large things: the arm, the calf and thigh.

Three little things: the head, chin and nose.

Three narrow things: the mouth, the waist and the lower front leg.—*E*7.

The Function of the Bag of Waters in Labor.

G. A. Callamore, M. D., in Toledo Med. and Surg. Reporter, arrives at the following conclusions:

1. The proper function of the amniotic fluid is the security of the child during intra-uterine existence.

2. The presence of the bag of waters during the first stage of labor is due to the forcing of the membranes through the dilating os by uterine pressure.

3. The dilatation of the os occurs under the influence of the nerves of the sympathetic system, which governs its tonicity, and it is a vital or physiological and not a mechanical act.

4. Finally, as a necessary inference from the above, it follows that the bag of waters has no function in labor.

The Most Favorable Time for Conception.

Pozzi (Omaha Clinic) reports fresh studies of this familiar subject. His observations were conducted with great care upon the newly married sailors' wives in whom the time of fruitful coitus was known), and in cases of artificial impregnations. Twenty-seven cases were analyzed, from which it was found that conception is most likely to occur just after the cessation of the menstrual flow. This is also the most favorable time for successful artificial impregnation. The writer has established the fact that spermatozoa deposited in the vaginal fornix remained active for seventeen days; hence fruitful coitus may occur before menstruation.



WM. R. WARNER & CO.'S
PIL:

Cascara Cathartic
(DR. HINKLE)

EACH CONTAINING

Cascarin, Aloin, Podophyllin, Ext. Belladonna, Strychnin, Gingerine. : : : :

DOSE, 1 TO 3 PILLS.

This Pill affords a brisk and easy cathartic, efficient in action, and usually not attended with unpleasant pains in the bowels. It acts mildly upon the liver, (Podophyllin), increases Peristalsis, (Belladonna), while the carminative effect of the Gingerine aids in producing the desired result, thus securing the most efficient and pleasant cathartic in use.

PREPARED BY

WILLIAM R. WARNER & CO.

BROMO

A REMEDY IN THE
TREATMENT OF

LITHIA

RHEUMATISM,

GOUTY DIATHESIS, Etc.

FOR THE SPEEDY RELIEF OF
Nervous Headache and Brain Fatigue.
WARNER & CO.'S EFFERVESCENT

BROMO
(WARNER & CO.)
SODA

Useful in Nervous Headache, Sleeplessness, Excessive Study, Over Brainwork, Nervous Debility, Mania, etc., etc.

DOSE—A heaping teaspoonful in half a glass of water, to be repeated once after an interval of thirty minutes, if necessary. Each teaspoonful contains 30 grs. Bromide Sodium and 1 gr. Caffein.

It is claimed by some prominent specialists in nervous diseases that the Sodium Salt is more acceptable to the stomach than the Bromide Potassium. An almost certain relief is given by the administration of this Effervescent Salt. It is also used with advantage in INDIGESTION, DEPRESSION following alcoholic and other excesses, as well as NERVOUS HEADACHE. It affords speedy relief for MENTAL and PHYSICAL EXHAUSTION.

PREPARED ONLY BY

WM. R. WARNER & CO.

Manufacturers of Soluble Coated Pills,

PHILADELPHIA and NEW YORK.

REGISTERED JULY 20, 1886.

IF YOU WANT A Gold Pen with Handsome Pearl Holder,

Pencil, Watches, Diamonds, Gold Headed Canes or Umbrellas, Rings, Pins, Charms, Chains, Thimbles, Bracelets, Necklaces, Silver Ware, Knives, Forks, Spoons, Studs, Collar and Cuff Buttons, Pocket Books and Card Cases, Spectacles and Eye Glasses, or anything kept in a first class Jewelry Establishment, write or send at once to

LEADING
JEWELERS

BOYNE & BADGER

CHARLOTTE, N. C.

OF NORTH
CAROLINA

"To be out of style is to be out of the world." Your name artistically engraved on one pack of cards and plate furnished you for only \$1.25.

RACKET STORE,

CHARLOTTE, N. C.

W. J. DAVIS & CO., Proprietors.

DEALERS IN

General Merchandise, Carpets, etc.,

At wholesale and retail. The largest business in the Carolinas. We buy bankrupt stocks on a large scale. Correspondence from Assignees, Administrators and Merchants wishing to close out their stocks respectfully solicited. We are always in a position to handle bankrupt stocks. Merchants wanting to close out, we will be glad to hear from them.

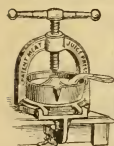
W. J. DAVIS & CO.

Care of the Eyes During Early Life.

Dr. L. Webster Fox (Med. and Surg. Reporter), formulates ten rules on the preservation of the vision:

1. Do not allow light to fall upon the face of a sleeping infant.
2. Do not allow babies to gaze at a bright light.
3. Do not send children to school before the age of ten.
4. Do not allow children to keep their eyes too long on a near object.
5. Do not allow them to study much by artificial light.
6. Do not allow them to use books with small type.
7. Do not allow them to read in a railway carriage.
8. Do not allow boys to smoke tobacco, especially cigarettes.
9. Do not necessarily ascribe headaches to indigestion; the eyes may be the exciting cause.
10. Do not allow the itinerant spectacle vendor to prescribe glasses.

Dr. J. J. Crow writes in the Medical Record: "I have lately used common flour burned in a stove-pan as a dressing for erysipelas, senile gangrene and burns, and am much pleased with it. It is almost everywhere present, and may be prepared in a few minutes. It is cheap and may be impregnated with iodoform, aristol, or other antiseptics. I hope the profession will give it a fair trial. It is, of course, finely divided charcoal.



**THE BEST
NOURISHMENT
FOR THE SICK
IS OBTAINED BY PRESSURE FROM
FRESHLY BROILED STEAK
ONE POUND OF STEAK WILL YIELD
ABOUT SIX OUNCES OF PURE JUICE**

H. F. OSBORNE'S

PATENT MEAT JUICE PRESS,

No. 2, with clamp..... \$2.00
No. 3, " " 3.50

Address, NEWARK, N. J.

B. F. LEONARD, M. D.

1325 F. STREET,



WASHINGTON, D. C.

Rectal and Genito-Urinary Diseases.



ACCOMMODATIONS FOR PATIENTS.

A NON-TOXIC ANTISEPTIC.

FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE.

Non-Toxic, Non-Irritant, Non-Escharotic—Absolutely Safe, Agreeable and Convenient.

FORMULA.—LISTERINE is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria, and Mentha Arvensis, in Combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic acid.

DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its peculiar adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eructations of dyspepsia, and to disinfect the mouth throat and stomach. It is a perfect tooth and mouth wash, indispensable
FOR THE DENTAL TOILET.

Diseases of the Uric Acid Diathesis.

LAMBERT'S LITHIATED HYDRANGEA.

. RENAL ALTERATIVE—ANTI-LITHIC.

FORMULA.—Each fluid drachm of "LITHIATED HYDRANGEA" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY OF DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

DOSE.—One or two teaspoonfuls four times a day (preferably between meals).

The ascertained value of **HYDRANGEA** in Calculus Complaints and Abnormal Conditions of the Kidneys, through the earlier reports of Drs. Atlee, Horsley, Monkur, Butler and others, and the well known utility of Lithia in the diseases of the uric acid diathesis at once justified the therapeutic claims of **LAMBERT'S LITHIATED HYDRANGEA** when first announced to the medical profession, whilst subsequent use and close clinical observation has caused it to be regarded by physicians generally as a very valuable Kidney Alterative and Anti-Lithic agent in the treatment of

URINARY CALCULUS, GOUT, RHEUMATISM, CYSTITIS, DIABETES, HAEMATURIA, BRIGHT'S DISEASE, ALBUMINURIA, AND VESICAL IRRITATIONS GENERALLY.

Realizing that in many of the diseases in which Lambert's Lithiated Hydrangea has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed. We have had prepared for the convenience of physicians

DIETETIC NOTES,

suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of Listerine and Lambert's Lithiated Hydrangea.

LAMBERT PHARMACAL CO., St. Louis, Mo.

Charlotte Medical Journal.

VOL. I.

CHARLOTTE, N. C., AUG. 1892.

No. 2.

Original Communications.

Perityphlitis.

BY B. F. LEONARD, M. D.

The aim of this paper is not to be encyclopedic, but to present a reflex of some views of great practical interest derived from many sources, often contradictory, but all entitled to a hearing. This method gives an air of apparent discussiveness and prevents categorical treatment of the subject. Its literature is large and I was prompted to study it by the occurrence of a number of cases in my practice.

The recognition and proper treatment of this disease is of the greatest importance to the general practitioner and of vital interest to the surgeon. Because of the wide variation in its symptoms and course, its diagnosis is occasionally admittedly difficult and, at times, well nigh impossible, so that it is often unrecognized or confounded with other disorders. Besides, even when recognized, errors in treatment have a positive influence on the final result.

The anatomy of the cæcum and appendix is of great interest to medicine and surgery, and I will give full extracts from Treves, as his work (*The Relation of the Intestinal Canal and Peritoneum in Man*; London, 1885), is not generally accessible. He declares the ordinary descriptions (even that of Quain, "our best anatomist") are incorrect. They have been handed down as heirlooms, without verification. The cæcum is that part of the colon below the entrance of the ileum—caput cæcum coli: situated in the right iliac fossa, immediately behind the anterior abdominal wall, covered with peritoneum in front, below, and to the sides; attached by areolar tissue to the fascia covering the right iliacus muscle. In 100 dissections he never found the posterior surface of the cæcum uncovered by peritoneum, and he has never seen one example of

mesi-colon. The cæcum usually lies on the psoas muscle and, in a majority of cases, the apex of the cæcum corresponds with a point a little to the inner side of middle of Poupart's ligament and the cæcum lies free in the abdominal cavity with considerable mobility.

In shape and outline the cæcum is liable to considerable variation, but it can be classified under four types. The first or foetal form (2 of 100) may persist throughout life. It is conical in shape and from its apex to the appendix issues about in a line with the long axis of the colon, corresponding very nearly to the centre of that intestine. Now from the colon three longitudinal muscular bands descend to the cæcum; they meet at the apex, that is at the root of the appendix. One band lies on the side of the bowel into which the ileum enters; the second is placed on the postero-external aspect of the colon and cæcum; the third, and most distinct, runs along the anterior aspect of the gut. In the foetal cæcum these three bands are placed at nearly equal distances from each other and so divide the caput coli into three fairly equal parts. In the second type of cæcum the three bands retain their relative positions, but the shape of the cæcum is more nearly quadri-lateral; this form is rare (3 to 100). The third type is the most usual, and represents the condition of the cæcum in a great majority of subjects beyond the period of foetal life. In this type that part of the caput coli that lies to the right of the anterior band grows quite out of proportion to the part placed to the left side of the band, the anterior wall becomes more developed than the posterior. Thus the true apex is turned more and more to the left until it is placed in close proximity to the ileo-cæcal junction and can be recognized only by noting the point of origin of the appendix. The highly developed part to the right of the anterior band becomes so dependent and prominent that it forms a new and false apex to the cæcum and it is indeed to this projection that the anatomical term apex is usually applied. From this undue development of the anterior wall the root of the appendix (the true apex) is carried towards the posterior aspect of the caput. This transformation depends to a great extent on the arrangement of the blood vessels. In the fourth type the development of the part of the bowel to the right of the anterior band is excessive, while the segment to the left of the band has atrophied and is more or less wanting. In this form the anterior band runs to the inferior

angle of junction of the ileum with the cæcum, the root of the appendix is posterior to that angle, there is no trace of the original apex and the appendix appears to spring almost from the ileo-cæcal junction (5-100).

The cæcum may attain remarkable proportions and project to the left of the middle line with the summit, not far below the liver, among the unusual variations are the cases (2 of 100) of non-descent of the cæcum:—then no large intestine occupies the position of the ascending colon—the cæcum lies in the right side just under the liver and to the right of the gall bladder. The bowel, in this instance, could not be found by right lumbar colotomy. The appendix vermiformis exists in ape and ourang (it is said) alone of lower animals. It is about four inches long (extremes 1 and 6 inches) and it may attain its full growth early in life: in three cases it was practically obliterated. In the majority of adult cases it lies behind the end of the ileum and points to the spleen. In the only other position that is at all common the little tube lies vertically behind the cæcum. In four cases the tip was in actual contact with the under surface of the liver and in one case touched the gall bladder. In these cases the process would have been encountered in right lumbar colotomy. It may even hang down into the pelvis.

In 100 post-mortems Osler describes its different positions as follows: commonly behind the ileum with its point turned to the spleen: frequently turned up behind the cæcum; lying on psoas with its tip at margin of the pelvis; it has been found in almost every region of the pelvis; in close contact with the bladder; adherent to ovary or broad ligament; in central position in abdomen, close to navel; in contact with the gall bladder; passing out at right angle and adherent to sigmoid flexure at left of middle line of abdomen; and in one case it passed with the cæcum into the inguinal canal, curved on itself, re-entered the abdomen and was adherent to an abscess cavity to the right of promontory of the sacrum.

The term typhlitis means inflammation of the cæcum, and perityphlitis indicates that the neighboring peritoneum is involved—a circumscribed peritonitis. Gibney defines idiopathic perityphlitis to be a cellulitis about the appendix vermiformis not depending on a foreign body in the appendix. As a pathological curiosity I will

quote Bougarde de la Dardye (*L'Union Medical and Med. News*, 1885) who considers established rheumatic typhlitis. His conclusions are "the rheumatic principle may be specially localized in the cæcum and produce a typhlitis which may be designated as rheumatic. It is frequently preceded or followed by rheumatic manifestations in various organs or in the articulations. It may originate without complication of other parts, but in this case attacks rheumatic subjects. Rheumatic typhlitis has special characteristics which distinguish it from other inflammations of the cæcum: it is not serious and terminates by resolution in two or three weeks."

It may be remarked that the term paratyphlitis of some authors (meaning affection of tissues behind the cæcum) is not to be found in Billings' New Dictionary. This term seems to be the equivalent of Suchard's perityphlitis phlegmonoso (phlegmon of the retro-cæcal tissues).

There are many conditions to bear in mind in making a diagnosis that I have merely space to enumerate them, only remarking that the diagnosis is difficult in a disease which has such a variable natural history and anatomy. We should always look for the right dial swelling with pain and tenderness and, later, fluctuation. In doubtful cases use the exploring needle. Gibney calls attention to the fact that primary typhlitis in children presents many signs of hip disease, especially if subsecute, and there is a case on record where fæcal matter was discharged from a sinus leading to the hip joint. It is natural to think of peritonitis, typhlitis, stercoralis (with lodgment of fæces), psoas abscess, malignant disease; inflammation of the ovary; movable kidney; perinephritic abscess; abscess or tumor of the abdominal wall; invagination, especially of cæcal region; hernia, and tuberculosis of the intestine. Ballou reports a case of invagination of ileum into the cæcum with gangrene of cæcum, a portion of which was thrown off per rectum and preserved. Perforating cæcitis is most likely to be confounded with stercoral cæcitis, a condition not uncommon as a result of protracted constipation. A chill with rapid pulse, high temperature and sweating indicates pus, and is often mistaken for malaria. Dullness is not to be relied upon and is usually not present, since resonance may be caused even in an abscess by the presence of gas or by adherent coils of intestine. With reference

to general peritonitis it may be stated (Thomas), "on the one hand it, of all diseases, may declare itself by the most numerous and characteristic symptoms, or, on the other, run its fearful course with the greatest obscurity, so as to mislead the most careful diagnostician even up to the latest stages."

Extreme care should be had in the necessary handling of the parts, as fatal rupture may occur. In general peritonitis, without other obvious cause, especially with violent pains, we should suspect perforative appendicitis.

The onset and course of the disease is extremely variable. It may be preceded by dysentery, diarrhoea, or, per contra, by more or less prolonged constipation. In some cases there is a history of a short, mild illness with some right iliac soreness. In others it begins explosively with chill, high fever, rapid pulse, and violent cramp-like abdominal pains with vomiting, general peritonitis and apparent intestinal obstruction. There is usually great thirst and dryness of the tongue, numbness or sharp pain in the right thigh (which may be retracted or not), with or without retraction of the testicle. Micturation may be scanty or suppressed; or painful and frequent. If the small gut is involved, the urinary secretion is interfered with, but it is more or less free if the trouble is in the large bowel.

If fæcal movements are had, there is usually present a characteristic offensive fæcal odor; but generally the bowels remain obstinately closed for a greater or less length of time. As the case progresses there is usually profuse sweating with occasional colicky pains, a persistent regional dull pain (cellulitis) and sometimes violent sharp pains (peritonitis). In one fatal case (verified by autopsy) the only pain felt was epigastric in location. But the regional pain usually calls attention to the right iliac tumefaction or swelling, hard, becoming soft and tender on pressure. Fever is not necessarily present; a case may progress to a fatal termination without elevation of temperature. In cases called typhlitis and perityphlitis which recover rapidly and completely, we may have a reasonable doubt of our diagnosis, although the probabilities are in its favor, in view of the prevalence of catarrhal appendicitis. In post-mortems from all causes the appendix is found more or less diseased in one case out of three. The essential condition and initial point in all this class of cases is inflammatory affection of

the appendix which may or may not proceed to gangrene and perforation. McBurney would elide from the vocabulary the hitherto commonly used terms and substitute simply appendicitis as more correct, pathologically, and less likely to obscure the indications for treatment. They are all, he says, intraperitoneal in their origin and course. And, according to Treves, in the majority of cases the appendix is the seat of the trouble and perityphlitic abscess is usually encysted peritonitis. Fæces pass up the ascending colon against gravity, and where the appendix is patent fæcal matter passes in and out of it. Noyes states that of 100 cases of perityphlitis only 31 were due to foreign bodies in the appendix. In Osler's experience foreign bodies rarely lodge in it and he thinks some cases of "typhoid fever" which recover are due to ulceration but not perforation. In 300 autopsies Traft found the vermiform appendix sound in only 190, and more or less diseased in 110. These foreign bodies, or even catarrh with retained secretion (which acts similarly), produce inflammation resulting in adhesive peritonitis. When ulceration approaches the surface of the bowel we have grave local and general peritonitis, sometimes with perforation and fæcal extravasation. The position seems to determine the result : if posterior we are apt to have a circumscribed peritonitis with abscess ; if otherwise, the abscess cavity may communicate with the peritoneal cavity and cause general suppurative peritonitis.

Sands' opinion was that primary typhlitis as a rule terminates in resolution, but the prognosis depends largely on the cause, as trauma, cold, foreign bodies, etc.

If abscess form, the direction taken by the pus largely influences results. If appendix is behind the cæcum the result is retro-peritoneal abscess and the pus passes beneath iliac fascia and appears at Poupart's ligament with external perforation and recovery. Many recover by discharge of pus through the intestine and bladder ; few recover when discharge takes place through the abdominal wall or diaphragm, and secondary general peritonitis is nearly uniformly fatal. Diffuse peritonitis is not likely to occur after the fifth day, as abscess usually then becomes encysted by local adhesive peritonitis. The tendency of the pus to burrow is illustrated by a case I saw with Dr. Wheland in which the abscess pointed in an inguinal hernial sac, and after simple incision, and frequent

siphonage, recovery was, after some months, finally complete. In this case a small fæcal mass was found with a nucleus of apple pits. Statistics are also largely influenced by the fact of surgical influence. Thus in 100 cases operated on only 15 proved fatal (Noyes), while of 67 cases not operated on (Bull) 47% died.

This disease may run its fatal course in a few hours, or may go on for several years. As long as any right iliac tenderness or hardness, though otherwise in apparent perfect health, these patients are not safe: these circumscribed abscesses may give rise to almost no symptoms or systemic disturbance, but are liable to fatal rupture on moderate exertion, as riding, violent coughing, etc. In Fitz's last estimate, in view of the frequent recurrences of this disease, he placed the mortality at 44%—recurrence is very common—Keyes reports a most extraordinary case.

In a given case it is very difficult to make a prognosis, as symptoms often mislead us. There are patients who are attacked with high fever, severe pain, chill, and even sweating, whose inflammation undergoes resolution, and there are others where the abscess reaches great proportions with trifling disturbance. Evening rise of pulse and temperature generally indicate pus, and in chronic abscess we have often a veritable toxæmia.

There is a singular unanimity of authorities as to the medical treatment of perityphlitis. Osler sums it up in three words, rest, opium and the avoidance of purgatives. Absolute rest is an invariable essential. Opium (or morphine) should be given freely enough to quiet pain. This drug is not only anodyne but a remedy, distinctly curative by lessening peristalsis and splinting the bowel (Dr. With) and allowing time for adhesive peritonitis to take place. Purgatives should not be used until resolution has taken place, rapid collapse and death have frequently occurred from the violation of this rule. The question of the time to use purgatives may be answered thus: In cases with a tendency to recover, gradually lessen the opium and in time (it matters not how long the closure may last) the bowels will act spontaneously. Cases of twenty-four days' closure have been known, and I have seen one lasting twenty-one days. Then this action may be followed up by salines (Noyes) or by enemas, but caution should be had in giving an enema, especially with a long tube, since rupture of cæcum may be caused in its softened condition.

Local treatment, as leeches, fomentations, poultices, or ice, is useful. Ichthyel has a decided effect on the pain and judicious vesication seems to have an undoubted absorptive effect. But we must always remember the risk of manipulations for any purpose, since cases have been reported where even the necessary examinations for diagnostic purposes have caused fatal rupture of an abscess cavity. It is hardly necessary to emphasize the necessity for proper alimentation and stimulation may be called for in some cases. Kunysgen forms an agreeable drink and relieves the great thirst found in some cases, besides being nutritious.

With this general line of treatment we aid a spontaneous tendency in a certain class of cases to resolution.

Frequent use of the aspirating needle is the most reliable diagnostic test. Bull advises a long hollow needle (equal to three or four French of the urethral scale) with a tight syringe. He says this is the only trustworthy instrument for ascertaining the presence of pus, for in deep-seated locations, where the pus is thick, the hypodermic needle often fails. In obscure cases push the needle in iliac fossa from a point behind and above the anterior superior spine toward the middle of the fossa. These needle punctures are harmless even should they transfix a gut (Sande).

Osler says it is the province of the physician to decide whether a case is suitable for an operation and when it should be done. An operation is indicated in all cases of inflammatory trouble in the cæcal region, whether tumor is present or not where the general symptoms are severe and crescent. Tumor is absent in so many cases that no stress can be laid on its absence.

The indication and time for an operation are variously answered by the physician and the surgeon. Homans thinks severe cases need an operation; mild ones do not. Pepper says the time cannot be definitely stated, but if after eight or ten days signs of pus become apparent, an incision may be made into the bowels.

Before Willard Parker (1867) established the surgical treatment of this disease its management was almost entirely medical. But the modern surgeon, with his aseptic methods, has lost his dread of opening the body cavities, besides, many of these cases are so rapidly fatal that what must be done needs to be done quickly.

According to Bull "time allowance" is useless; the time of operation depends not on the duration of the illness, but on the

result of the exploration with the aspirating needle, the only sure guide ; but, on the other hand, Osler opposes the use of the needle unless there is "dulness and tumor," although he admits tumor is usually absent, and, as I have shown, dulness is usually not present. Bull goes even further. He declares the incision is marvelously beneficial even in cases with no decided indications of pus, but where there are distinct local and threatening general symptoms.

As a general rule for operation in first attacks we may say : Do not interfere in a given case as long as the patient is improving or continues in about the same general condition, or until sufficient time has elapsed to make it doubtful whether resolution will take place. On the other hand, if a case, no matter its duration, is going from bad to worse, an exploratory incision should be done. Peabody, with large experience in autopsies, believes in early operations ; in many cases general peritonitis is secondary and could be prevented by early operation.

The question of operation being decided affirmatively, what is the best method, median or lateral laparotomy ? In Weir's analysis of cases, one is forcibly impressed by the almost uniform failure of median section ; lateral incision and free drainage are the inevitable conclusions. In operations, early or late, where general peritonitis has set in median section may be considered, but in obscure cases the best point for incision is probably the same as in ligation of the external iliac artery. If no pus is found, pack with gauze and be guided by circumstances. Where we have a circumscribed abscess the incision should be made directly on the most prominent point of the swelling, about three inches in length down to the transversalis fascia. If fluctuation is evident incise at once, but if case is still doubtful use aspirating needle, inserted at different points. Pus once found lay cavity open widely with probe-pointed knife, or less preferably, use dressing forceps to extend the opening without cutting the vessels. Irrigate the pus cavity freely by siphonage with abundance of hot water (Tiffany), with or without the bichloride, put in double drainage tube of large calibre, either closing the wound up to the tube by sutures or leaving it open. Dress with plenty of absorbent cotton to catch the discharges and retain with roller around abdomen. The tube should be shortened as cavity fills up. The amount of pus varies from less than an ounce to a gallon, and has a characteristic penetrating fœcal odor. The

after treatment involves daily irrigations to remove pus as it forms. Some cases heal up in a few weeks. A case of mine, seen with Dr. Tiffany, healed in three weeks. In others a sinus is left which may demand a secondary operation for removal of appendix. The risk of searching for the appendix in these cases of circumscribed abscesses is of rupture into the peritoneal sac, which is nearly always fatal. A gentle search (Homans) should be made for the appendix, but do not risk too much to find it.

The rarity of cæcal perforation is so great that it may be practically disregarded. In early operations limiting adhesions are absent, but Senn and McBurney advocate an early operation with excision of the appendix. Senn say tie it close to the cæcum with silk and cut it away one-fourth of an inch below the ligature, dust the stump with iodoform and shut it in by drawing the adjacent serous surfaces of cæcum together and securing with Lembert's sutures.

So many of these cases are recurrent, thus adding greatly to the mortality of the disease, that some surgeons strongly advise resection of the appendix in chronic relapsing appendicitis. Joseph Price has made a strong plea (annals of surgery) for this operation, but Dennis decides against it because of its danger to life, the difficulties of the diagnosis, the risk of ventral hernia and the lack of evidence that the operation gives permanent relief. Treves advises operation during the quiescent period. His incision is made obliquely downward over the cæcal region, its lower extremity just external to the epigastin artery. It is best to open the abdominal wall at a point just beyond the diseased cæcum, as here no adhesions exist. All adhesions should be cut, never broken down, because it tears the peritoneum off the bowel. Clamp the appendix close to the cæcum and cut it off about half an inch from the bowel; unite mucous membrane by many fine sutures or a continuous suture, and bring together divided outer wall of appendix by a second row of sutures. However, he says, it is practically impossible to bring serous coats together if there has been much preceding inflammatory exudation. The stump may be covered by graft of omentum for additional safety, or attached to adjacent peritoneum; close the abdomen without drainage. He has sometimes found adhesions so great in the relapsing type that he was compelled to abandon the project.

Weir's experience is also the same. He too is favorable to operation during the quiescent period, since the mortality of the operation is slight. He finds two conditions in these operations on the appendix. (a) perforative form or ulcerative form about to perforate from distension from retained fluids—he found no foreign bodies in perforative appendicitis. (b) Chronic catarrhal appendicitis, with walls of appendix thickened, its mucous membrane changed, its lumen either totally extinguished or diminished (10 of 26 cases) to extent of small cord. This is the general condition in about one-third of all autopsies from all causes. The contents of the appendix were pus or muco-pus. As to adhesions, in six cases none; in six moderate; in six extensive and in four not stated. His opinion is that a large majority of cases of recurrent appendicitis is due to catarrhal inflammation and as its lumen is shut off from cæcum it limits the chances of fæcal or serous infection of peritoneum, and we should operate to prevent confirmed invalidism. He holds that we cannot diagnostically differentiate between catarrhal inflammation and the complication of distension by retained fluids, and ulceration, and as each leads directly to dangerous conditions laparotomy is justifiable as being less dangerous than the disease itself.

Washington, D. C., 1325 F Street.

Removal Vermiform Appendix.

BY S. M. DAVEGA, M. D.

On March 21st, 1892, was called to see Mrs. R. H. Cousar, whom I found suffering considerable abdominal pain. There was no nausea or vomiting, but a history of constipation. She was given a large enema, turpentine stupes applied, and morphia and atropia administered hypodermically. Her pains were promptly relieved, but the next day she complained of a general soreness over the abdomen. Temperature and pulse normal. I ordered four $\frac{1}{2}$ grain calomel triturations to be given at once, to be followed in two hours with magnesia sul. two drachms in one half glass hot water. This moved the bowels thoroughly and all the soreness passed away.

Nothing more was heard from Mrs. C. until the night of April 19th, when I was again called to see her. This time I found her

suffering intensely. The pain came on suddenly with nausea and vomiting. Temperature normal, pulse 100. I gave her morphia and atropia, used large enemata, applied hot stupes, all of which failed to give relief, and I was finally compelled to administer chloroform. After spending several hours with my patient I went home leaving her fairly comfortable.

April 20th, 9 a. m., I visited her again, finding the abdomen somewhat distended and tender. Tenderness most marked in right iliac region, especially at a point about two inches from iliac spine on a line to umbilicus, a point upon which Dr. McBurney, of New York, places much stress. During the night there was nausea, vomiting and heavy sweats. Temperature $99\frac{1}{2}$, pulse 120. I made a very careful examination of the abdomen and no tumor could be found, but on making pressure over right iliac fossa I detected a marked feeling of resistance. Rectal examination revealed nothing, and I don't think is ever of any diagnostic value unless there is a large abscess which has dissected its way down to rectum. My diagnosis was appendicitis and I so informed the husband, at the same time telling him that a timely operation would most likely be necessary.

There was no vomiting after 9 a. m. on the 20th, neither was there any acute pain, although the hot stupes and occasional doses of morphia were kept up until the morning of the 22d, when she complained of slight chilliness accompanied by a sudden rise in temperature from $99\frac{1}{2}^{\circ}$ to 101° , pulse 140. At this time her face had a dusky tired look, breathing much accelerated and abdomen more distended. This sudden change in the symptoms warned me that either suppuration had begun or that there was more intense inflammation which in a few hours would terminate in supuration and possibly perforation. I notified the family that an operation should be made at once.

Dr. T. D. Marion, who assisted in the operation, was called in. He confirmed my diagnosis and sanctioned an early operation. Ether being administered, the abdomen was thoroughly washed with soap and water, next with ether, and finally with a bichloride solution. After this the entire surface was covered with antiseptic towels except site of incision. An incision five inches long, one and a-half inches from anterior iliac spine, was made down to peritoneum. After all oozing was checked, the peritoneum was nicked and divided with scissors, using two fingers for director.

Having found the appendix it was separated from its attachments, catgut ligature applied, and removed. The cavity was carefully cleansed with sponges and wound closed with fine silver sutures, except at lower angle where it was packed with iodoform gauze.

On the second day the gauze was removed and replaced by rubber drainage tube. The usual dry antiseptic dressings were applied and retained by flannel binder. Fresh dressings were applied every third day. About 18 hours after operation there was a temperature of 103° with pulse 150.

Digitalis in ten drop doses was given every three hours together with suppositories quinia bisul. twenty grains each every 4 hours. The temperature and pulse responded promptly to above treatment, and after being confined to her bed for 28 days my patient is now walking about her house once more a bright and happy mother.

Chester, S. C.

Some Suggestions Regarding the Treatment of Summer Complaint in Children.

BY JOSEPH COLLINS, M. D., NEW YORK CITY.

At this period of the year if any one subject merits our serious attention it is that of infantile intestinal disorders. It is not hazardous to say that the large death rate in those whose tender years prevent them from making sad complaint could be lessened by one half if it were sufficiently impressed on mothers and even physicians, the absolute necessity of preventive measures in combating this class of diseases. These sentiments are common-place and well known to the profession perhaps, but the fact still remains that either we are culpable in not disseminating this knowledge, or we have not thoroughly awakened to the fact that these conditions are so completely preventable. Nowadays we hear much concerning the prevention of tuberculosis and other infective diseases, and much care and caution is bestowed to overwhelm the activity of the bacillus the moment it leaves its lodging place for new environments. This is as it should be, and although intestinal disorders in children are but a sprite as compared with the demon tuberculosis, they demand to be attacked with the same preventive vengeance as do the latter.

Before one can properly utilize preventive measures he must

necessarily be cognizant of the factors most potent in producing summer complaints and their mode of development. The one element to which most blame is deservedly attached is fermentation. This is the bane and danger spot of the child's life in summer. Many elements favor the process of fermentation in children which are not present in individuals of more mature years. They are principally the variety of food necessary for the early years and its liability to adulteration and the structural and physiological peculiarities of the child's digestive organs, not to mention the greater disastrous results that excessive heat and humidity has upon infants.

The digestive juices which play the most important parts in the conversion of food in infancy are of course the gastric and pancreatic juices, although the antiseptic activity of the bile is not to be overlooked. The stomach wherein the food undergoes the first change worth speaking of differs very materially from the stomach of an adult inasmuch as its muscular walls are scarcely at all developed and its size in proportion to the body is hardly one half that compared with that of adult life, then its relative position is almost vertical in the child and the constriction at the pyloric extremity is illy developed; these factors combined militate against the food remaining in the stomach for any great length of time and also account for the ease with which a child vomits and the difficulty experienced in checking such vomiting when it becomes severe. A short time ago Booker showed what a very much shorter period milk stayed in the stomach of infants than in adults, and also called attention to the fact that this time differs when the child is fed on cow's milk in being longer than when fed on mother's milk, and this is no doubt a conservative process of nature, for it is well known that fermentation due to development of bacteria goes on with greatest facility in an alkaline medium and indeed so long as the medium remain acid, this fermentative activity will not begin. Therefore, a compulsory sojourn in the stomach will tend to delay this undesirable condition. Moncorvo is of the opinion that the frequent occurrence of intestinal disorders in children is largely due to the deficiency in the acid of the gastric juice which allows this process of fermentation to go on. The surest way of preventing fermentation from taking place is by previous sterilization of the milk, and there are many ways of do-

ing this but none is more satisfactory than by the use of an extremely plain and uncomplicated apparatus known as the Arnold steam cooker as was first suggested by Cheesman, if this cannot be obtained a substitute in the shape of an ordinary double boiler, such as is found in many kitchens, may be used and with good results. Chapin says that in this way he has been able to keep milk sweet for several weeks, and he believes that this will prove to be one of the cheapest and desirable ways of sterilizing milk.

But a short time ago it seemed to be becoming the fashion to rely largely upon pre-digested food stuffs as a diet when the digestive tract became upset, but like a great many other fads that spring up mushroom-like, this one soon began to wane, and it is not at all likely that one half of the amount of these pre-digesters are used today as was used two or three years ago.

The fact is continually becoming more strongly fixed in the minds of scientific men that summer diarrhœas in children are not due to a specific micro-organism, but to the toxic products manufactured by many different varieties of germs. Not long ago Booker reported thirty-three or four varieties of germs the activity of which within the alimentary canal resulted in diarrhœa, and more recently Vaughan has experimented with some of these germs and found that albumin acted on by these germs acquired such poisonous properties that when injected beneath the skin of dogs it produced vomiting, purging and indeed death if a sufficient quantity was used. He therefore concludes that any germ which is capable of growing and producing an absorbable poison in the intestine should be considered a pathogenic germ. The clinical proof is overwhelming that these authors are correct in attributing causative ability to many varieties of germs, for the varied and diverse causes of summer diarrhœa acting directly, cannot possibly be attended with the presence and association of one and the same germ.

There may still be physicians who persist in not believing that it is almost entirely owing to the formation of leucomaines and ptomaines that most of the diarrhœa in infants is due, and by that is meant not the simple diarrhœa, but the symptom complex which is ordinarily included under the head of cholera infantum. But to those who are cognizant with the immense amount of experi-

mental proof which we are in possession of can have no falterings in their belief. Those who would attribute the entire etiological fault to ptomaines are unquestionably carrying the matter too far. There is an incessant and continuous elaboration of alkaloid products formed at the expense of proteid elements, that is, alkaloids derived during the process of life from the decomposition of albuminoid substances to which the name of leucomaines is given, and although the distinction between these substances and ptomaines is not quite so clear as we might like to have it, there is ordinarily, a considerable difference. And it is on this proven supposition that the modern day treatment of infantile diarrhœal diseases is based. We are assured by bacteriologists that it is folly to speak about rendering the alimentary tract aseptic, and still we know that it is by the administration of antiseptics that we get the best results in treatment, but it is not by rendering the digestive tract aseptic, but by fulfilling a two-fold action, first by virtue of its being an anti-fermentative it checks processes of fermentation, and second it acts on the various germs spoken of before and prevents them in their manufacture of their poisonous tox-albumins.

One who has observed many cases of cholera infantum can not but be made keenly aware as he sees the manifestations of the disease in the shape of intense depression of the vital systems, that he has to deal with something more than an ordinary disturbance of function of the digestive system, and he also knows that when a post-mortem is made on a person succumbing to this disease that no lesion is found which is at all commensurate with the profoundness of the symptoms and the fatality of the disease. He knows also from his clinical observation that the picture presented by such a patient is strikingly analogous to that resulting from the administration of some severe poison, and the sooner he becomes convinced that this is exactly the occurrence that has taken place, only that the poison is being manufactured in the system and absorbed in the most liberal doses that the system will take up, then the sooner will we make important progress in lowering the frightful mortality of this disease.

A drug that has been used empirically for a great length of time and found to be of benefit, will, sooner or later, be found to have its beneficent action based on some apparent physiological reason; and so it is with the drug Hydrary, Cum Creta, which has for so long

held its position undisputably in the treatment of the disorders in question, and to-day it is probably more largely used than any other single substance, and especially by physicians practising in the country. Now what does mercury with chalk do? In the first place it has a marked action on that great furnace, the liver, in which oxidation goes on with greater vigor than any part of the body, to stir it up as it were, to stimulate it to renewed activity, to remove the cinders and partially burned products that are clogging it up and allow it to do its work so thoroughly that toxic products, if they do form, will be oxidized into substances quite harmless. Then the alkali in the shape of the chalk assists the progress of the good work by overcoming the acidity and fermentation. Therefore, when this sort of treatment is employed, no serious objection can be found to it except that we are not possessed of other substances which bring equally as good, if not better results in a shorter space of time, and before the young sufferer has become so exhausted that life is suspended by a single thread which unfortunately is often broken.

In large cities where popular cholera mixtures are provided for by would be philanthropists, and by others for gain, a large number of deaths are due to their use at the improper time. That is at a time when it is absolutely impossible for them to do good, viz: before the substance causing the mischief has been removed. It seems incredulous that a physician called to a case of ordinary summer complaint for the first time, will after seeing greenish, pasty, sour smelling stools, with abdominal distension and pain and the other concomitants of fermentative diarrhœa, prescribe a mixture containing opium, and capsicum and kino, and perhaps several other like substances, with the idea that they are going to remove the pain and check peristaltic action and so cure the patient. These patients, treated in this way, do sometimes, and perhaps often, get well, but they do not recover from the result of the drugs, but from a temporary suspension having been forced upon them till the liver and intestinal tract has an opportunity to right themselves and get rid of the auto-infection, or if the food has been stopped, the infection itself.

We should accustom ourselves to look upon the symptoms of intestinal disorders such as vomiting and diarrhoea as endeavors on the part of the system to get rid of the noxious substances in

the system or the alimentary canal and as a safeguard for the further introduction of irritants. Then if we accept this example set by the system and endeavor to follow with rational modifications, we will not be far astray if we were to pursue the plan as indicated by the following suggestions:

I. Remove the irritating substance from the alimentary canal, and adopt precautions to prevent their ingestion.

II. These precautions are to be met by the sterilization of the food-stuffs.

III. Combat by means of sedatives the manifestations of the irritants on the walls, and physiological function of the alimentary canal. For this purpose there is nothing so valuable as bismuth, and only occasionally will it be necessary to combine opium with it.

IV. Administer such substances as will check changes taking place in the ingesta which result in the formation of leucomaines and analogous substances. And the drug which will probably give greatest satisfaction in this respect is salicylate of phenol, ordinarily known as salol; this should be administered in one grain doses, repeated every hour to a child from one year of age upward, and here it should be remarked that infants stand a proportionately larger dose of this substance without the appearance of symptoms than do adults. Other drugs in this same class whose administration is also followed by beneficial results are resorcin, salicylate of soda, quinine, &c., but they offer no advantages not possessed by the first named.

V. Counteract the influence of the poison absorbed, and sustain the vital powers. Generally this is best done by a change of air and particularly removal from the city to the country or from the country to the sea-shore. If this is not possible utilize the best substitute for it by continually keeping the child in the open air especially at night. Keep the surface of the body cool and soothe the nervous centres which are being nagged into continual and perverted activity, by the use of cold or moderately cold water externally. This should not be resorted to once or twice a day, but a dozen times and more if necessary. This procedure next to the sterilization of the food outside of the body is unquestionably of most importance in the treatment of these diseases. Where there is excessive peristaltic activity of the intestines and uncontrollable,

lavage of the large intestine when thoroughly performed and with warm water, to which may be added some anti-fermentative, such as resorcin, will often be followed by most gratifying results.

VI. Stimulants are rarely needed and then only after the disease has made serious inroads on the patient's stock of vitality. Astringents have no place in the treatment of these disorders with the possible exception of where from long continued sickness there has resulted a relaxation of the bowels. This will be extremely seldom.

VII. Sterilization of the food within the stomach or intestines is a snare and a delusion. The proper place to do that sterilization is in an oven.

VIII. Vomiting is often to be controlled by moderate counter-irritation over the stomach, and more often by making the little patient take a few large drinks of hot water, and when they will not submit to this the same results are to be obtained by carefully washing out the stomach.

IX. The administration of predigested food stuffs is not advisable nor is it without danger.

X. Absolute cessation of taking food for from twelve to fourteen hours and the administration of iced water that has previously been boiled is one of the surest ways of checking the perverted processes that are going on within the alimentary tract.

XI. The use of hydro naphthal in one half grain doses to a child one year old is frequently useful as is also extremely small doses of calomel and bi-chloride of mercury.

XII. Prevention of the antecedents of the disease is the surest way of reducing the mortality rate.

A Clear Statement.

Being a brief summary, from the note-book of an undergraduate, of a lecture on tuberculosis by a professor of liberal but uncertain opinions:

The microbe of consumption that Koch has hunted out,
I beg to say we know most clear and plainly all about.
And I myself, as you all know, have always held it wise
To tell at once what knowledge new pathology supplies.

The Four Graces.

OR, FOUR ACTS IN THE DRAMA OF LIFE.

Who is it comes when you are sick,
And holds your pulse awhile,
Then makes a diagnosis quick,
And, with a pleasant smile,
Proceeds to write, in foreign hand,
An order which announces
The tinctures, syrups, extracts and
The scruples, drachms and ounces?
The doctor.

Who puts up the prescription quick,
And sizes up your wealth,
For well he knows you cannot kick,
You're struggling for your health—
Who, with an educated hand,
Compounds the drachms and grains,
And relieves you like a magic wand
Of all except your pains?
The druggist.

Who is it comes with solemn tread,
And face devoid of smile,
And measures you from feet to head
In a peculiar style,
And then departs to come once more,
And bring an odd-shaped box,
And when a few feet from the door,
Smiles way down to his socks?
The undertaker.

Who are those two bronzed sons of toil,
With shovel, pick and spade,
Who, while at work beneath the soil,
Of death seem not afraid—
Who serve you last under the sun,
And charge a smaller fee
For harder work and better done,
Than all the other three?
The grave-diggers.

—Charles A. Nyers in the *Louisville Evening Times*, October 23.

Epitaph over the grave of a dentist in a London cemetery:

"View this gravestone with all gravity,
Jones is filling his last cavity."

Charlotte Medical Journal.

E. C. REGISTER, M. D.,

J. C. MONTGOMERY, M. D.,

Editors and Publishers,

No. 36 SOUTH TRYON STREET,

CHARLOTTE, N. C.

✧ SUBSCRIPTION. \$2.50 PER YEAR. ✧

Articles intended for the Original Department of the Charlotte Medical Journal will be accepted only with the understanding that they are contributed to it exclusively.

WE have many apologies to make for the errors and deficiencies of our last issue. Practice makes perfect, and while perfection will scarcely be reached by us, or by any one else, yet we hope and will endeavor to give our readers a better journal every issue. We are very grateful to all who so kindly aided us in our work. To our exchange brethren, and especially to those who willingly and liberally sent us journals previous to our publication, thus aiding us greatly, we send our heartfelt thanks. For the many complimentary notices given us by the press and exchanges we sincerely appreciate and thank them for it.

ADVERTISERS NOTICE.

We wish to call special notice to our advertisements in this issue. Many new ones appear. They all contain much valuable information, and carefully read will be of much use and benefit to the medicine man.

ELIPHANTIASIS.

I was sent for to see a girl, eighteen years old, who was suffering from the effects of a large tumor, situated on her left labia majora, which I found to be a complete case of eliphantiasis. The girl presented the following appearance: She was tall, slender, very thin with extreme sallow color, and had been poorly nourished from childhood. Upon inquiry I found she had menstruated very irregular and for the past six months had ceased entirely. She firmly and positively denied ever having anything that would lead to syphilis. No old spots or eruptions could be found on her body. Situated on her left labia majora was a large growing massive tumor,

as complete a case of elephantiasis as any one could desire to see. The tumor was as large as an infant's head, large enough to completely cover the vaginal outlet and offer obstruction to the flow of urine. The surface next to the vagina was rapidly undergoing decomposition and emitting a foul and sickening odor, from the effects of which her vitality and strength were gradually yielding. She was visited by physicians of prominence—some would say it was a tumor, the result of an old standing syphilis, but she so positively denied any symptoms of the disease, and in answer to many questions that, in an indirect way, would lead one to suspicion syphilis, that little importance could be attached to the two diseases. Of course we are told by men who write on venereal diseases that a person can have syphilis and pass through the stages of the disease without any knowledge whatever of his malady, and this being the case, and as syphilis is one of the causes of elephantiasis, leaves a possibility of a doubt that the two are connected, but such cases are so rare that syphilis can be left out and the cause remain in doubt. As medicinal remedies were worthless and to allow the tumor to remain to drain and destroy the child's life was evidently not the thing to do. The only procedure was the removal of the tumor by surgical means, which was done immediately with scarcely any loss of blood, and in ten days complete recovery was the result. I report the case on account of its infrequency, so typical and complete.

THE LIFE AND MEDICAL TREATMENT OF A NORTH CAROLINA CONVICT.

While the name convict, clothed in his cross checked garments, will ever carry with it shame, remorse and degradation, yet as far as the physical pleasures and comforts are concerned, few perhaps are familiar to what extent this class of people enjoy them. When they *are* observed by the sympathizing people, pity is always felt for them, and in one sense they are to be pitied; not for the labor they have to do, but the remorse, the daily thought of having committed a deed for which they are now justly paying for. They have to work tis true—that is their calling there—that is everybody's duty here. If they had always worked, nine-tenths of them would not be there now. Idleness causes more trouble than whiskey or any other prevailing evil. Eighty per cent. of the

occupants in the penitentiary are colored and to the majority 'twas a blessing they ever got there. They receive comforts and luxuries there they never could reach outside. They are well fed, three regular hearty meals a day, and the free negro upon an average receives only one. They are well clothed, and especially during the winter months, all their garments being woollen and of good quality. They have excellent sleeping apartments, warm and comfortable in winter, cool and pleasant in summer. They receive medical attention from men as proficient in the profession as the State affords, and are as tenderly and properly cared for during sickness as any citizen. They are well fed, well clothed, have good sleeping quarters and are taken care of during sickness. What else could be done for them? What else do they want? They do not think any; the majority do not; if they did they would not be there. A negro feasts upon his mind through his eyes: While he is viewing some object his mind is on that object, and show him nothing and his mind is vacant.

Having visited this hospital for twelve months they seem to be the happiest people in the world. Of course there are exceptions; now and then you find a morose, restless character, but very seldom. While all the comforts and pleasure that can be given them by the authorities that are advisable, yet the law is obeyed and duty performed. I heard one old negro say, who had been there six different times, (and the last time was for stealing a \$1.50 plow), that, now as he was tottering on to the verge of a negroes grave, if he was in the least crippled or broken down when his sentence expired he would do something else so as to return. But to the medical treatment. Working hours are from sun to sun. They have no labor unions and strikes, no ten hour system. Every morning the physician in charge sees all those who are feeling indisposed and he carefully examines them and those he finds really sick are sent to the hospital, disrobed of their working clothes and placed in a neat cot, with the comforts and conveniences of any hospital. When all are examined the physician again visits them, prescribes and gives the prescription to the hospital steward, who, when he has finished, takes them all to the physician's office where they are filled, and each man has his medicines as carefully and properly administered to him as though he was his best patient financially and socially. The best medicines are used

and all varieties. The food and nourishment he receives are such as the physician thinks necessary and considering everything, the life and treatment of a convict, especially the negro, is not such as the general laity thinks.

THE KEELY WHISKEY CURE.

I do not know whether I would submit to the Keely cure or not were I addicted to the whiskey habit, but should I consent to do so it would be considered in this way: I have never seen a man or woman cured, but have read about them. I have never seen one crazy from its effects either, but have also heard of them. It is reported he has cured many and only a few failures. If such is the case I have a hundred chances to one of freeing myself of this awful disease and I will try it. If he does cure them his remedy is wonderful. The treatment of the two most potent life destroyers, whiskey and consumption, has been a theme upon which all have written; a subject that has commanded the labor and thought of the most brilliant and wisest men, and still it is under consideration. If Dr. Keely has labored and studied, and at last produced something that will cure some men of the habit, let's not condemn him. If we will produce something that will always cure, with no injurious results, why then there will be no use for Keely's remedy, but until we do we should remain silent. The reports, I imagine, about the lunatics and fools that are made by this treatment, is something like the reports about one of the southern divines, they tell all the seemingly bad things he says and leave out the good things. So with the Keely cure, you only hear about the men that go crazy, or jump in a river, or do some other act as foolish. It is much to be regretted that ill results, such as insanity, follows his treatment now and then, but whether the treatment caused the insanity remains to be found; but between a respectful lunatic and a degraded drunkard, and the most of them are degraded, there is but little choice. One has as good a chance of the better country as the other, then why censure Dr. Keely; why persecute him because he is trying to relieve humanity of this disease and by chance makes a little money out of it. There are but very few of us but who would do just as he is doing. If his remedy is worthy of patronage, and it seems it is, why should he not receive his reward.

I am not in sympathy with any private quackery schemes that are so often put on the public, but I am in favor of anything that will help humanity ; that will free the men and women from the chains that bind them to strong drink.

Books Reviewed.

CURE FOR CONSUMPTION, by J. COMPTON BURNETT—M. P. Boericke & Tafel, Philadelphia, Pa.

This is a pretty little book, beautifully printed and well bound, and makes a handsome appearance.

THE MEDITERANEAN SHORES OF AMERICA, SOUTHERN CALIFORNIA, ETC.—Climatic, physical and meteorological conditions, by P. C. REMONDENO, M. D., San Diego, Cal. Price, \$1.25, paper 75 cents. The introductory chapter is taken up in discussing climatology, the relation it bears to the etiology of tuberculosis. The following texts are successfully disposed of in an interesting style, viz. : Meteorological conditions and disease; sea air and marine climate ; ocean moisture and soil moisture; rain and rainy weather on coasts; misapplied terms as to moist climate; extreme dryness of the air; consumption and temperature, geographical limits of consumption; the relative merit of altitude; why phthisis is more prevalent on lower elevations ; are altitudes exempt from consumption ? equability of temperature an important factor ; different effects of sunshine and shade—F. A. Davis, publisher.

This book will be an ornament to any physician's library. According to the author's views 'tis the very place for consumptives and invalids. Beautiful descriptions are given of the landscapes and excellent climate, it being a climate directly in opposition to the health and growth of the tubercle bacilli. After reading the book one has a great inclination to visit that part of the country and enjoy its salubrious climate.

A PRACTICAL MANUAL OF DISEASES OF THE SKIN, by GEORGE H. ROHE, M. D., Professor of Materia Medica, Therapeutics and Hygiene, and formerly Professor of Dermatology in the College of Physicians and Surgeons, Baltimore, etc. Assisted by J. WILLIAMS LORD, A. B., M. D., Lecturer on Dermatology and Bandaging in the College of Physicians and Surgeons ; Assistant Physician to the Skin Department in the Dispensary of Johns Hopkins Hospital, Philadelphia and London—The F. A. Davis Co., 1892.

The author states in the preface of this little volume that no attempt is made to add one more to the already numerous works for the dermatological specialist.

The book is worded carefully and closely written, and can be readily understood by any student or beginner in dermatological studies. The chapter on eczema is very interesting and properly used will be of great benefit to those treating such maladies. The

chapters on syphilis are well written and are worthy of careful study. 'Tis a nice book and carefully perused will be a benefit to any one.

SAUNDER'S POCKET MEDICAL FORMULARY, by WILLIAM M. POWELL, M. D., Attending Physician to the Mercer House for Invalid Women, Atlantic City—W. B. Saunders, Philadelphia. Price, \$1.75.

This little book contains about 1,750 appropriate prescriptions, well selected and carefully corrected from the latest standard works and containing the latest remedies. It is arranged alphabetically as to diseases, contains blanks for additional prescriptions, also an appendix which contains an excellent diet table, the proper doses for different medicines; formula and doses for hypodermic medication; poisons and their antidotes, &c. 'Tis of convenient size and we heartily recommend it to all who desire such a work.

HISTORY OF THE CIRCUMCISION FROM THE EARLIEST TIME TO THE PRESENT. Moral and Physical Reasons for its Performance, with a History of Eunuchism, Hermaphroditism, etc., and of the Different Operations Practised upon the Prepuce. By P. C. REMONDINO, M. D. (Jefferson), Member of the American Medical Association; of the San Diego County Medical Society; of the State Board of Health of California, and of the City of San Diego; Vice President of the California Medical Society, and of the Southern California Medical Society, etc. Number 11 in the Physicians and Students Ready Reference Series. Small 8vo, pp. 346. Philadelphia and London: F. A. Davis. 1891.

The author of this book also wrote the above work on skin diseases. Whether or not all agree with the writer on his views, the book is certainly an interesting and entertaining one and worth the time for any one to read it. This subject has been before the profession for years, whether or not circumcision should be performed regardless of symptoms sufficient to necessitate the operation. The writer is very enthusiastic on the subject, showing the evils and diseases that are caused by the non performance of the operation. It contains many suggestions and the history of the operation performed in ancient times, copious notes and a good index.

DISEASES OF THE EYE, A Hand-Book of Ophthalmic Practice, by G. E. DE SCHWEINITZ, M. D., Professor of Diseases of the Eye, Philadelphia Polyclinic; Ophthalmic Surgeon to Children's Hospital and to the Philadelphia Hospital; Ophthalmologist to the Orthopædic Hospital and Infirmary for Nervous Diseases; Lecturer on Medical Ophthalmoscopy, University of Pennsylvania, etc. Forming a handsome royal 8vo. volume of more than 600 pages; over 200 fine wood-cut, many of which are original, and 2 chromo-lithographic plates. Price, cloth, \$4 00 net; sheep, \$5.00 net.

The general plan of the book is practical, and the methods of examining eyes and the symptoms, diagnosis and treatment of

ocular diseases and refractive defects are everywhere brought into prominence. Attention is called to the following points :

I. The systematic directions for recording each case of ocular disease and for making the examinations necessary to lead to an accurate diagnosis, beginning with direct inspection of the eye and passing in review one method of precision after the other until all the functions of the organs have been investigated.

II. The careful explanation of the two methods of ophthalmoscopy, and the cautions which help the student to use the ophthalmoscope properly and prevent him from falsely interpreting its findings.

III. The judicious classifications of the various diseases of the eye facilitating their study, together with useful tables for differential diagnosis.

IV. The symptom-grouping, which, with each important general disease, precedes the special symptoms of the various types, *e. g.*, in glaucoma, cataract, iritis, choroiditis, retinitis, optic neuritis, etc.

V. The careful pointing out of the indications for treatment and the detailed methods of treatment, both medical and surgical.

VI. The explicit directions for preparing a patient, the hands of the surgeon, the dressings, and the instruments preparatory to an operation, and the detailed description of the steps of the important operations.

VII. The selection of the illustrations (nearly one-third of which are new), which materially facilitate the understanding of the directions.

VIII. Special attention is called to the work of Dr. James Wallace, who contributes :

(a) The chapter on General Optical Principles, including Accommodation and Convergence. The descriptions are clear, and especially valuable to students are the practical directions for combining spherical and cylindrical lenses.

(b) The chapter on Normal and Abnormal Refraction, in which all that is theoretical is well explained, and—what is most useful—the pages are replete with practical directions for determining the refractive error, illustrated by numerous examples. The sections on Astigmatism and Presbyopia are especially clear in these respects. The addition of a section on Spectacles and their Adjust-

ment is most valuable. These directions are seldom found in text-books and are nowhere so explicitly recorded.

(c) The section on Reflection, which suitably precedes a clear account of the Ophthalmoscope and its Theory.

(d) The portions devoted to the Rotation of the Eye-ball Around the Visual Line, and the explanation of the Projection and Position of the Images in Strabismus, illustrated with Dr. Wallace's original drawings, which greatly help in the understanding of these difficult subjects.

(e) The carefully classified Causes of Concomitant Squint and the terse explanations.

IX. The contribution of Dr. Edward Jackson on Retinoscopy, which is an excellent and practical description of this method of determining refractive error, written by a master of the subject, and illustrated by examples and original drawings.

MEDICAL DIAGNOSIS, by OSWALD VIERORDT, M. D., Professor of Medicine at the University of Heidelberg, formerly privat-docent at the University of Leipzig; later Professor of Medicine at the University of Jena. Translated by Francis H. Stuart, A. M., M. D. W. B. Sanders, Philadelphia. Price, \$4.00, net, cloth; \$5.00, net, sheep.

We take pleasure in calling the attention of our readers to this excellent work on Medical Diagnosis.

This book contains 607 pages, and it is conveniently divided into Parts I, II and III. Part I gives the introduction, which is devoted to the anamnesis which is interesting from beginning to end. The mode of taking the anamnesis, what it comprises, &c. Part II, is devoted to a general examination of patients, and under this head he considers first the physical condition of the patient; second, the position in bed; third, the general structure of the body and the nutrition; fourth, the skin and the subcutaneous cellular tissue; fifth, the temperature and pulse. Part III, is devoted to special diagnosis. Under this head he begins with an examination of the respiratory apparatus; next the circulating apparatus; the digestive apparatus; urinary apparatus, and lastly the nervous system. Each chapter is thorough and complete in every respect, and while they are interesting and most valuable, the article on Pathological Frequency of the Pulse is most practical and useful every day. The chapter on the examination of the nervous system, with the beautiful and numerous illustrations and diagrams is most accurate and complete, and the chapter on the urinary sys-

tem is none the less so. It is distinctly a clinical work by a master teacher, characterized by thoroughness, fulness and accuracy. When compared with other books written on parallel lines, we think we can say 'tis one of the most comprehensive books written in modern times. We have carefully compared it with the best known books of similar character, and for precision and fulness, for careful description of each subject 'tis to be preferred to any book on this subject.

The following book has been received and will be reviewed next issue: "A Treatise on Massage, Theoretical and Practical; Its History, Mode of Application and Contraindications, by Douglas Graham, M.D., Fellow of the Moss Medical Society, etc.

Origin of Insanity.

The following are the conclusions of Dr. R. M. Bucke (*Canad. Pract.*) on this subject :

1. All mental faculties arose each in its time, and they are of all ages, many of them being quite modern.
2. The date of birth of a faculty in the race may be judged by the age at which it appears in the individual, and its more or less universality in the race.
3. The stability of a faculty in the individual depends upon its age in the race ; the older the faculty the more stable it is, and the less old, the less stable.
4. Consequently the race whose evolution is the most rapid will have the most breakdowns.
5. Those functions in any given race whose evolution is the most rapid will be the most subject to breakdowns.
6. In the more progressive families of the Aryan race, the mental faculties have for some millenniums last past developed with great rapidity.
7. In this race the large number of mental breakdowns, commonly called insanity, are due to the rapid and recent evolution of those mental faculties.

Dioiburnia is now becoming well-known to the profession as a uterine tonic, anti-spasmodic, and anodine. We cordially invite a perusal of the advertisement which appears in this issue.

Selections.

The Oath of Hippocrates.

I swear by Apollo the physician, and Æsculapius and Health and All-Heal, and all the gods and goddesses that according to my ability and judgment I will keep this oath and stipulation—to reckon him who taught me this art equally dear as my parents, to share my substance with him and relieve his necessities if required; to look upon his offspring on the same footing as my own brothers, and to teach them this art if they shall wish to learn it, without fee or stipulation; and by precept, lecture, and every other mode of instruction I will impart a knowledge of the art to my own sons and those of my teachers, and to disciples, bound by stipulation and oath according to the laws of medicine, but to none others. I will follow that system of regimen which, according to my ability, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and holiness I will pass my life and practice my art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and further, from the seduction of females or males, of freemen or slaves. Whatever in connection with my professional practice, or not in connection with it, I see or hear, in the life of men, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art respected by all men, in all times! But should I trespass and violate this oath, may the reverse be my lot!—*Johns Hopkins Bulletin.*

Some More Don'ts.

Mandatory literature has grown rather plentiful of late. Every now and then we have been greeted by a new array of don'ts, relating to this or that aspect of medical calling, until there seems but little left to warn against. We have obstetrical don'ts, chest

don'ts, surgical don'ts, others that may have escaped my eye, and lately a long list of syphilitic don'ts of which a few are given, in order that the reader may see how admirable and timely they are:

"Don't salivate your patient."

"Don't begin general treatment as soon as a chancre appears; it may not be a chancre." (*sic*.)

"Don't let your patient get diarrhœa; if it comes on, stop it."

From the character of these and many of the other don'ts, I conclude that those which have occurred to me were omitted by the different authors either through an oversight, or because they did not wish to exceed a predetermined number, such as fifty or a hundred. I therefore hasten to rectify these omissions, in the hope that the several cautions, warnings and suggestions, which I append, may be as serviceable to the busy practitioner as those which have gone before. Since the article is intended mainly for the benefit of the G. P., and not the specialist, I have thought it unnecessary to classify my don'ts, but have jotted them down just as they occurred to my mind:

Don't ask a three months' old baby to put out its tongue; it may not understand.

Don't forget that the liver is on the right side, the spleen is on left.

Don't tell a patient your medicine has done him good until you make sure he has taken it.

Don't tie the umbilical cord and then cut it between the ligature and the child; divide it on the placental side.

Don't forget, before closing the wound in an abdominal section, to count your assistants; one of them may be concealed in the cavity.

Don't spit on your hands before beginning an aseptic operation; the saliva has been shown to contain microbes.

Don't try to deliver a child with a shoe-horn; the regulation forceps are usually more satisfactory.

Don't cut down on a bone to ascertain whether it is broken; this method of making a diagnosis has not the general support of the profession.

Don't ask a woman how many children she has had until you discover whether she is married.

Don't remove the dressings each day and bend the limb to discover whether the fractured ends have yet knit together.

Don't neglect, before sewing the wound in an abdominal operation, to enumerate the viscera; you may inadvertently have removed something that ought to be put back.

Don't give corrosive sublimate instead of calomel.—*Ernest B. Sangree, in Times and Register.*

The Protective Influence of Fads.

The protective influence of fads is spoken of by the *Maryland Medical Journal*. It states that in every community there is a certain percentage of cranks. Some of these cranks are lacking in energy and unworthy of consideration. Others, however are full of energy, possessing restless minds which demand occupation; yet they cannot or will not steadily pursue useful callings. These individuals are a power for evil in the world; many of them being highly educated, and a few having a spark of genius. Their dominant passion is vanity. They must be continually attracting attention to themselves. Some do this by posing as invalids—how successfully, the physician who deals much with the hysterical crank well knows. Others gain their ends by continually engaging in sensational enterprises. They are forever starting or following after some new fad.

In religion it is some "sophy" or "-ism" full of mysticism or emotionality. In politics it is some violent subversion of existing order. In medicine it is a new "pathy" with a theory or agent which is, singly and unaided, to solve without delay or difficulty all the multitudinous problems of therapeutics. In whatever sphere, experience, logic, science, common sense, are treated with lofty scorn, and those who refuse to abandon them for the new fad are held up before the public as prejudiced or old fashioned.

As the public want sensations to enliven the monotony of daily life, each new fad obtains a following, until its successor appears and quickly eclipses it. Now, what we contend for is, that the mild fads ought not to be dreaded or treated with more attention than they deserve by persons of well-balanced minds. The mild fad occupies the attention of the crank portion of the community, and protects the public from more serious outbreaks of crank energy. The Guiteau who is enjoying the excitements of the Oneida community may shoot a President if he is compelled to seek a new sensation. The woman who parades in bloomers

might, if restrained from this innocent amusement, take to throwing bombs. Theosophy is better than Moloch worship. The honest "thirtieth dilution" therapist might be dangerous to the community if he handled powerful drugs. The Thompsonian fad, when it took hold of the public mind, was less fatal than the great blood-letting delusion.

Let us view with equanimity the milder delusions of the day. Like epidemics, they must come, because persons of great energy and little mental balance are always to be found, and the public mind seeks ever to be amused. But as influenza is better than "black death," so Christian Science and the like are better than some other medical delusions which have been in the world. The crank must have occupation, therefore deal tenderly with him when he finds it in a comparatively harmless way.—*Weekly Medical Review*.

Ungrateful Patients.

Why are so many men and women unwilling to pay their doctors? And why should nearly every physician find, at his annual time of settlement, the existing disproportion between his booked charges and the sum total of his collections?

To a far greater extent than in any other profession or calling, the medical practitioner works under pressure. He is called early and late, in all weathers, and is deprived of his Sunday's rest and recreation. He must be ready at a moment's notice for immediate and careful action. Unlike the lawyer, who always has or obtains time to master each case that comes to him, the physician must instantly ascertain the ailment and know and apply the remedy. He seldom receives a "retaining fee," and is obliged to continue his watchful care, it may be for months; and when the re-established health of his patient is brought out of the stern fight with death, he sends in his bill, frequently less in amount than a lawyer receives for a single consultation *in business hours*.

It is natural to expect the grateful object of this careful solicitude to make haste in showing his appreciation of the benefits received by prompt and cheerful payment. But the doctors, and such lawyers as have had these accounts for collection, know better.

Many haggle over the amount apparently forgetting the unwearied calls. Others will even go as far as to question "whether

the doctor did them much good, after all." And far too many act upon the theory that "any time is time enough for the doctor's bill." And, alas! "any time" never comes. Why is it that men, who pay with alacrity their lawyer's charges unquestioned, and often in advance of services rendered, and where only *property* is involved, and whose sense of honor and common decency would never permit them to question the amount, or the propriety of prompt payment of their tradesmen's bills, so frequently neglect payment and cavil at the amount of their physician's bills, incurred in the actual saving of the lives of themselves, or those dear to them?

It is a reasonable statement that the percentage of "bad debts" on physicians' books is four-fold that of any other class of people who keep book accounts!

In most cases, the very kindness of heart which goes so far toward making a successful practitioner, deters him from forcing collections, which no other class of creditors would fail to do. Shall the patient take advantage of this benevolent feeling to rob him? Surely, this is the refinement of meanness and ingratitude.

We pay the purveyors to our stomachs—how much more are we under obligation to him who keeps our stomachs fit for use?—*N. Y. Medical Times.*

Sexual Frigidity in Woman.

With advancing years, one becomes the confidential repository of many physical and moral miseries. The facility with which certain avowals are made would be occasion for surprise, if we were not often called upon to fulfill simultaneously the functions of physical and spiritual adviser.

Women, in particular, who have acquired with or without reason the reputation of being very communicative and unable to withhold anything, but their age, readily acquire the habit of divulging their deepest secrets and of exposing the darkest recesses of their hearts. They pose before the public, and constrain themselves to affect a certain ideal of delicate grace and sentimental chastity; but in order to repose, to be at their ease, like a warrior laying aside his armor, they love to gossip familiarly and to have an impassible confidant to whom they may reveal without misgiving or

embarrassment their deformities, their aspirations, their disenchantments, their infirmities, and even their stupidities.

By vocation the medical man is particularly well situated to hear and see that which should not be seen or heard. This is a privilege not always to be coveted and generally requires the exercise of much tact and patience; however, it enables one to do a little good and to remedy the mischief wrought by many human frailties, without being besmirched thereby.

I shall, therefore, not astonish any of my readers, who must naturally be more or less informed on the subject, in stating that there are passionate women who yield themselves up with transport, who would brave all to give and procure the supreme ecstacy of pleasure; but, again, there are not a few others—insolvent debtors, impalpable succubi—who, in place of dreamy expansion, persist in a repelling frigidness. They are not to be illuminated; they rest inanimate and nonchalant. Their dubious sensibility seems congealed; their tenderness is furtive, unsubstantial. They are thus obliged to remain passive, or, rather, to simulate and play comedy after the manner of one of our greatest tragediennes who—if we may trust her indiscreet confidences—has always conserved her coolness of temper and her placidity, despite the innumerable guests who have traversed her hospitable boudoir.

I attended last summer a lady who, like a tree in which the sap is prematurely dried, ceased to menstruate at twenty-eight, and who has never fulfilled her conjugal duties save with a certain melancholy resignation, like an enforced task admitting of no alluring recompense, no complete satisfaction.

A second, another subject equally incombustible—and what a splendid subject!—became incandescent for the first time three years after marriage, to be transformed anew into an economic log, without heat, ten years later, toward her thirty-fifth year, at the very season of plentitude in the sensations of other women, who would then multiply and renew without cessation and diffuse about them, like never-failing springs, bliss everlasting. She had no child, although well formed, and it may be asked if this incapacity for emotion did not prevent her conceiving. But, it will be objected, like an excise-match, she was illuminated at last. To be sure, but, as we are not initiated into all the mysteries of the

alcoves, I suppose that, like the matches used for comparison, my client must have given forth more smoke than fire!

A third, docile and compliant by nature, desirous of bowing down and adoring, is 26 years old, and was married at 20. Thus far she has hoped in vain for a child, is inconsolable, and is accordingly prompted to tell simply and without reserve that her relations with her husband, whom she dearly loves, however, have brought her more wormwood than honey. She undergoes them only with a vague lassitude and a certain sensation of sacrifice.

She is timid and gentle, very upright by nature, and ardently desires to become a mother. She would, therefore, ask nothing better than to be borne away, but she cannot learn to yield herself up—to experience the bounding impulse with which one human soul seeks to merge and melt into another. She feels humiliated by this impassiveness, and would gladly dispel the discontent of her lord and master, who claims of clasping only a shadow in his arms and deplores his solitude in bliss. Perhaps it is he who lacks power to animate this Galatea!

It is useless to multiply examples. The fact is too well known, and the only occasion for speaking of it is the desire to find a remedy for this unnatural infirmity. At a time of universal complaint that the reduction of natality in France constantly continues, it is opportune to interest ourselves in those spouses who ardently wish to give citizens to their country. Their number is legion, and in diminishing it we shall dispel many sorrows and likewise perform an act of patriotism.

This is obviously the business of the gynæcologists, and I do not wish to usurp their prerogatives, but in such a manner every physician may be called upon for counsel, be it only to cast aside the chalice drained by those households who have espoused misfortune, or to prevent sterile women from giving full play to their distress and invoking too late the medical intervention which might save them. Indeed, I am convinced that the beginnings of marriage are often fraught with consequences disastrous to many young women, and that a remedy would be possible if early employed.

The same tale is ever told, with all its variations: A young girl, brought up in a dream of future tenderness and in the expectation of a perturbing mystery, gracefully impure but very

exalting, must be overwhelmed when the exigences of marriage are revealed to her by a boor.

Now, who can compute the number of boors in the world—male brutes, satyrs in delirium, beside themselves from the abstinence of betrothal? They rush upon their prey just as a famished dog seizes a bone which has been thrown him to gnaw, and the victim, often frail and prematurely married—needing gradual initiation and longing for slow habituation—wishing to build the nest of happiness straw by straw—expiates by frightful traumatisms and life-long sufferings these fierce paroxysms and this frantic violence.

How can she fail to be broken by this sad awakening? What a disenchantment!

Do you, then, wonder if the horror of such an assault, of this sudden battle without premonitory skirmish, renders her frigid, and if she rests, pale with disgust, under the triumphal outrage of robust muscles? We can think only with pity of the pathological herd which man, the inexorable herdsman, drives before him. This somber and quivering cohort stains the soil with a long trail of its blood. Amongst the rich, muffled in silks and velvets, lowers grief, poignant and mute, concealed like a hideous sore under a bandage wrought in gold.

As for the wives of the poor, those who do not lie, daughters of the field, who expiate in special hospitals their credulity of a day—who do not disguise their sufferings with gauze lace, their drawn and sallow features are palpable evidence of the same cross burned into the living flesh—of the same wound inflicted by man—whom yet they do not curse.

I have dwelt upon only one of the aspects of sterility; many other elements enter into account, and I shall not treat of them to-day, only stating that the vaginismus, the vulvitis, and metritis of early marriage are not without a share in the discomfiture of certain husbands, justly punished by those upon whom they have transgressed.

As a corollary to the foregoing, I may be permitted with many of my predecessors to dwell in silent wonder upon the astounding mysteries of generation and the myriads of germs necessary for accomplishing reproduction. What useless sacrifices, what lavish extravagance, ere the end of future gestation is attained!

And yet of all this serpentine host of infinitesimal beings one

elect suffices—one single atom, an imperceptible nothing, not measuring five-hundredths of a millimeter—to thrill the maternal sanctuary as it feels itself violated. What responsibility rests upon this spermatozoid! “It bears within itself,” wrote Maurice de Fleury recently, “the anake, the fatum, it is the original sin, it embodies atavism and heredity, all that is irremediable, all that derides and denies our freedom of will, the malediction of a race, the impossibility of being good.

“By virtue of this molecule, child, thou wilt assassinate, because thy father was a drunkard; thou, daughter, wilt have a black sign under the left breast, because thy ancestress had it; little ones, ye will grow lean in phthisis, and will spit out your lungs, because of your grandfather’s nuptials; and thou, young man, will write beautiful and sad books, because thy granduncle was an adventurer; or thou wilt be thrice infamous, in memory of a certain ancestor, after ten generations!

“Yes, this globule fecundated will be in thirty years the finished machine, formidable in complexity—a whole of inexhaustable marvels. * * * It too will have its loves, its dreams, its shames, its logic!

“This germ in its turn will produce germs and will multiply. Then, when it shall have done throughout life, in bitterness and sorrow, its fatal work, it must return to its sources, to mingle with all else, to gush forth untiringly in some manifestation of life!”

Certainly a beautiful page is this, consecrated to the indifferent and sovereign cellule—the cellule in which the world lies latent, big with the future and filled with human hopes.

I should fear to despoil it by comment, and I leave my readers under the spell of the startling revery which it must have provoked in their minds.—*Dr. Grellety in Exchange.*

Asparoline Compound.

This is practically a new preparation from Wampole. It is highly recommended by men of noted rank in the profession. Having only recently become familiar with the remedy, have not had the opportunity to use it but several times and have always found it to act as nicely and satisfactory as could be desired. As a uterine tonic 'tis an excellent remedy.

Abstracts.

A Murderer's Devotion to Science.

It is said that a French murderer, condemned to be guillotined, recently requested his brother, a medical student, to experiment with his head immediately after decapitation, in order to ascertain by a pre-arranged code of signals (winks and movements of the eyeballs), what he felt when the knife cut his head off, and how sensation and consciousness is retained.

What Not to Do in Getting Medical Practice.

Not to do is often more important than to do. Thus it is more important not to walk off the edge of a precipice than it is to walk at all. All along a professional life the leaving things undone exerts as important a bearing upon ultimate success as the positive acts.

In an address to medical students, the accomplished editor of the *Medical News* presents a list of "don'ts" as follows:

Don't be in a hurry for success.

Don't consult or fraternize with quacks of any kind or degree.

Don't be afraid of speaking out your denunciation of quackery, regardless of the loss of a few possible patients and the charge of jealousy.

Don't support medical journals run in the interest of the advertisers, journals that are muzzled, that are conciliatory to or non-denunciatory of quackery.

Don't sign a single certificate so long as you live as regards special, proprietary, or secret preparations.

Don't write a medical article in which such preparations are praised or even mentioned.

Don't accept commissions or presents from druggists, manufacturers, opticians, or surgical instrument-makers or dealers.

Don't let any professional allusion to yourself, your opinions, or your work get into the lay newspapers.

Don't be a sneak advertiser, a newspaper doctor.

In your own righteous wrath against quacks outside the profession, don't forget that there are many within the profession, and that they are the most despicable—true wolves in sheep's clothing.

I would rather be the "Wizard King of Pain," and buy affidavits

of impossible cures at twenty dollars each, than a respectable hypocrite indirectly or secretly hobnobbing with newspaper reporters and supplying them with "data."

We fight against a condition and not a theory. We would change the acts of individuals rather than their reasons for those acts. The reasons and theory are to be attacked only as they stand in the way of getting at the facts.

These don'ts cover pretty much the code of laws regulating the dealings of the physician with his fellows. If heeded, the physician will walk in the strait way, will find enduring success, be self-satisfied and strong, and will gain the love and honor of his fellowmen.—*Exchange*.

Circumcision—Arguments Against Its Performance in Healthy Persons.

Dr. H. E. Russell (*Hahnemannian Medical Monthly*) says :

The foreskin covers the most sensitive portion of the human anatomy, the glans. It is evidently there placed for protection and comfort, and it gives both. When it is removed, the delicate mucous membrane of the glans is gradually toughened so as to stand the irritation of the clothing, and *mucous membrane was never intended to take the place of epidermis*.

It is a question whether this constant irritation does not tend to cause masturbation quite as well as the elongated foreskin. Circumcised boys certainly masturbate.

To remove the prepuce in a healthy child is, in the opinion of the writer, a useless, dangerous, and wholly unjustifiable operation.—*Medical Review*.

A Novel Mode of Suicide.

Faire autrement is said (by a surgical biographer) to have been the great Dupuytren's motto in professional practice, and a similar spirit seems to have moved a poor woman in Paris, who recently tried to find relief from the pangs of despised love in suicide. For this purpose she bought fifty leeches and, stripping herself naked, applied them all over her body from the knee to the breast. When the leeches had drunk their fill they fell off, but blood continued to flow freely from the bites, and when the door of the room was opened some hours later the woman was found lying on the ground,

pulseless and inanimate. She was taken to the Lariboisiere Hospital, where she was admitted in a critical condition. There is something so unromantic about such a mode of shuffling off this mortal coil that there is very little danger of this would-be suicide finding imitators.

"We Know too Much."

Yes, we know too much about germs. We have isolated ever so many and can describe them so explicitly that a wayfaring man, though a fool, need not err in recognizing them. But of what use is our knowledge to our patrons. Suppose I tell one of my patients that the comma bacilli are destroying his lungs and that they are so situated that I cannot destroy them without killing him. Had I not as well say (as of old) you have consumption and will most likely not get well—in other words has the germ theory improved the treatment of consumption. I do not think so. But we do know ever so much more than we used to know. We will soon be able to point out to our students the different germs of all maladies. We can have them in conveniently arranged apparatus and pass them around during lecture hour and each student will know from the pedigree attached which particular malady is being lectured upon, and we will also have the name of the most efficient germicide printed in large letters and attached to the bottle. Oh, I tell you "we are flying now." I imagine some swamp doctor like me will some of these days discover and isolate the alcoholism germ and will describe him as follows: He is mostly male, wears his hair short and has only two legs and two arms, walks sorter tottery, falls down occasionally and has an enormous appetite for fluid diet, such as apple brandy, fluid extract of corn and rye, and when he is bolled up in good shape has a tendency to quarrel and fight. Now this germ could be arranged in a suitable frame and be called the bacilli-whiski and the name of the most efficient germicide would be bichloridi goldi Dwighti. So much for germs. The next thing to call to mind is what we know concerning the differentiation between habit and disease. If a man gets drunk twice a week it is habit, if he gets drunk four times a week it is disease. If a man chews five cents worth of tobacco a day it is habit, if he chews ten cents worth a day it is disease. If a Dutchman drinks a dozen glasses of beer a day it is habit, but if an Irishman drinks one

glass of beer a day and there is any whiskey to be had, the Irishman is diseased.

So you see understanding the different nationalities we readily discern between habit and disease. If a boy smokes a package of cigarettes a day it is habit, but if his father catches him with a pipe in his mouth it is disease. These things are easily learned, and other people besides doctors are beginning to understand them. One of my patients told me not long since that to mix sulphur and chlorate of potash in a pipe and inhale the fumes was a good remedy for catarrh. I told him to try it on himself but not to give any of it to his wife, he is very *pious* and would make a lovely angel.

Now all jokes aside, will some one tell me just where habit ends and disease begins? I know three men all of whom have large families and each man consumes more food than his entire family; all these men, so far as I am able to judge, are healthy. These three examples go to show that quantity consumed is no criterion to go by in judging where habit ends and disease begins. If a man was credulous enough to believe everything he sees in print concerning the germ theory he would soon come to the conclusion that man was only a moving mass of germs of different varieties, one army of them looking after his digestion and another after his circulation and another after his mental work, and that his health and happiness here below depended largely upon which army of germs were in the ascendency. If the digestive army were "on top" he would be found eating and drinking most of his time. If the circulation battalion were holding the fort he would not need any antipyretics. If the intellectual giants were doing business for him he would be trying to write an article for the journal of the American Medical Association.—*Medical Reporter*.

Dr. Van Trenton, of La Hague, suggests the simple, and what he claims as a sufficient treatment in nocturnal enuresis, by the elevation of the foot of the bed. This is done upon the theory that in some children there is an insufficiency of the sphincter vesicæ which permits the urine to come in contact with the upper urethra, and in turn by reflex action causes the detru or urinæ to act. He argues that it cannot be that this trouble is due to the impression of over distension of the bladder, because not a few children wet the

bed within two hours after retiring, a period too brief to have the bladder in a distended condition. By raising the foot of the bed he prevents the urine from running into the urethra. He reports fourteen cures by this method. Of course he takes the ordinary precaution of making the child empty the bladder just before retiring, and of allowing no drink to be taken for some while before bed time.—*C. L. Hall in The Southern Clinic.*

**A Prize of One Hundred Dollars for the Best Essay upon
Modern Homœopathic Practice.**

Dr. George M. Gould, in the *Medical News*, offers a prize of \$100 for the best essay on the ridiculous pretensions of modern homœopathic practice. He desires the subject treated historically and actually. The essay should not contain over 15,000 words, and in simplicity and directness should be adapted to the commonest lay understanding. Papers should be sent to him on or before January 1, 1893, type-written, without giving the name of the author, but accompanied by a sealed letter giving the author's name, with motto or *nom-de-plume*. The essays will be given to a competent committee, and when their decision is reached the sealed letters of the authors will be opened, and the prize sent to the winner. The essay will then be cheaply but well printed in large quantities, and supplied to physicians at cost of printing.

He expects in this manner to scatter broadcast among the people accurate knowledge upon this subject, and to induce a change in public thought and action more in accord with truth and the good of the people.

This is a new deal in philanthropy. We shall hope that telling essays will be forthcoming, such as Dr. Gould could himself write, and that the outcome will be all that his most sanguine moments could anticipate.

Of papers having a similar object written in past years, it is not clear which side of the question they benefitted. Missionary work of this kind is extremely difficult of performance. To some extent it is like persuading the adherent of one religion to adopt one of opposite tenets. Most of this work is done by women. If this essay shall attract their attention and induce them to enter upon the crusade, a great advance will be made all along the line.—*Lancet.*

A New York Malpractice Case.

A malpractice suit has just been tried against a physician of Fishkill Landing, New York, with the result of awarding a verdict of \$2,500 damages against him. Some time since, a drayman fell from his cart and broke his arm. The bone protruded from the flesh, and the wound was filled with dirt. It was dressed and looked after by the physician, but the patient found it necessary to enter St. Lukes Hospital, New York, after about a month, at which time the arm was swollen to double its usual size. When he left the hospital, the arm was useless and will always remain so. Suit was therefore brought for malpractice, the claim being that the wound was not properly cleansed. The damages were laid at \$5,000 and a verdict given for \$2,500.—*Buffalo Medical and Surgical Journal*.

Folk Medicine in Russia.

Slovo, of Kiev, reports some curious instances of popular doctoring in South Russia. The rural dentist places his patient upon a little stool and examines him. If an upper tooth is to be pulled he performs the operation with a simple pair of tongs like that used by cobblers. But if a lower tooth is to be extracted the operation is more complicated. The tooth is tied very skilfully with a violin string. The other end of the string is fastened to a hook in the ceiling. Then the stool is removed with a jerk from beneath the patient, who falls, his tooth remaining on the string, sometimes with the flesh around it. Intermittent fever is cured either by live frogs or by fright. When the sickness breaks out the patient is made to carry about him as many live frogs as can be put in his clothes. If that treatment does not help the patient his fellow-villagers try to frighten him. The most popular method of doing that is known by the name of Likaniye. A crowd of men and women come into the house and raise a quarrel with the patient. They treat him to the loudest and most offensive terms of reproach. That naturally irritates him, and he answers in similar terms. The crowd takes offense at his rude expressions and resolves to lynch him. A rope is put around his neck and he is dragged about until he is insensible on account of fright.—*The Sun*.

A New, Safe Method of Administering Toxic Medicaments.

A new departure in therapeutical posology marks a recent enterprise of Parke, Davis & Co., which is in the interests of progress, economy, and exactness.

The increased knowledge resulting from research in the fields of botany, chemistry, physiology, pharmacy, and materia medica has created a demand on the part of the medical profession for the essential or active principles of drugs in preference to the more cumbersome, less definite pharmaceutical preparations which custom and authority have so long sanctioned.

Not a few alkaloidal principles of drugs have been isolated, and are now frequently prescribed. The conservative element of the profession have, however, in view of the toxicity of certain isolated medicinal principles, and the acknowledged variety of strength and activity of products of this character of different manufacture, been loath to employ them when indicated.

The doses sometimes being fractions of a thousandth or a hundredth, it is not possible for the physician to always bear them in mind, and in prescribing he is often in doubt as to what constitutes the proper therapeutical dose, and what the dangerous toxic one.

Dr. E. Trouette, in a paper read before the Paris Academy of Medicine, and published in the *Revue de Therapeutique*, entitled "Duodecimal Doses of Toxic Medicaments," proposes a method of obviating the difficulties hitherto preventing the general use of many valuable medicinal principles. The plan he proposes is a new method of posology based on the rational division into twelve parts of the maximum dose which may be given to an adult in twenty-four hours.

The advantages claimed for this method are, first, accidental poisoning need no longer be feared. Second, dangerous medicaments may from the outset be given in efficient dose without the least risk.

Parke, Davis & Co. have prepared diurnules and Diurnal Tablet Triturates of a large number of Toxic Medicaments, and will afford the profession full information concerning this new method posology with reprint of Dr. Trouette's article.

Lambert's Listerine still has a strong hold with medical, surgical and dental practitioners. Few preparations have obtained, and none have deserved, a greater degree of success.

A VEGETABLE ALTERATIVE

AND TONIC. : : : :



*Verrhus
Clemiana*

Causes the Elimination of Specific Blood Poison, the repair of wasted and disorganized tissues, and the restoration of the vital forces to their normal activity. In the treatment of Syphilis it supersedes the use of both Mercury and Iodide of Potassium, and is a reliable remedy for the evil effects produced by the excessive use of these drugs. It is also specially indicated in all Scrofulous Affections, and is invaluable in the treatment of Eczema and other Skin Diseases, in Chronic Rheumatism, Old Chronic Ulcers, etc.

FORMULA—Verrhus Clemiana is a Compound Fluid Extract of Clematis Erecta, Prinos Verticillatus, Fraxinus Americana and Rhus Glabrum, with $\frac{1}{2}$ of one per cent. of Venanatic Acid, $C_2H_2O_2$.

Dose—A teaspoonful in water, gradually increased to a tablespoonful, three or four times daily.



PREPARED ONLY BY

The Clemiana Chemical Company,

Miscellaneous.

The Omaha Clinic contains an interesting article on Electrocutation, its preferableness, etc:

"Finally, as compared with hanging, in which death is frequently produced by strangulation, with every indication of conscious suffering for an appreciable time on the part of the victim, execution by electricity is infinitely preferable, both as regards the suddenness with which death is effected and the expedition with which all the immediate preliminary details may be arranged. By the latter method the fatal stroke renders the subject unconscious in an infinitesimal fraction of a second—so small as to be beyond the power of the human mind to estimate it—while, at the same time, it destroys both conscious and organic life in a shorter space of time than is possible by any other known method. In other words, it is the surest, quickest, most efficient, and least painful method of inflicting the death penalty that has yet been devised."

The Art of Pharmacy.

The Art of Pharmacy is descanted upon by the *Medical Brief* in the following terms: Looking over a host of medical journals, one is struck by the many protests against the use of proprietary medicines by physicians.

There are two sources from which these protests may emanate. First, the ignorant, and therefore, prejudiced practitioner, who is not aware that the therapeutic effect of the proprietary remedy, to which all the resources of art and science have been contributed, must be far greater than the prescription hastily and crudely compounded at a drug stand; or, second, directly or indirectly, from the druggist in the effort to protect his interests. It is well known that the percentage of profit derived from the sale of drugs exceeds four or five times that obtained by the sale of proprietary medicines, but the profit gained in the first case is at the expense of the patients; in the latter, at the expense of the druggist, and every physician knows which it is his duty to consider.

The art of pharmacy is the handmaid to the science of therapeutics, and there are remedies which, when combined by a particular process, exert a curative power no imitation can hope

to equal. Are we, then, to refuse to use such a remedy because its manufacturers decline to explain every detail in the process of its manufacture? Is the remedy any less valuable because of this refusal, and is not the physician's chief object the cure of the disease?

In prescribing a proprietary medicine, we are always sure of getting the purest quality of drugs, compounded with the greatest skill, because it is to the manufacturer's interest to keep his product standard, and this is not equally true of the druggist's prescription.

Let us exercise our sense of justice, and not be afraid to use a proprietary remedy, which our own experience, and that of others, has proved to possess great therapeutic value merely because it is proprietary.

Physician's Fees for Per Diem Services.

The necessity that a prominent physician of this city (says the N. Y. Medical Journal) has just experienced of suing a client for services entailing absence from the city, must have been a very unpleasant ordeal. His services were requested by a business man of a southern city, and his assistant whom he sent in his place, was absent from the city for ten days. In the bill \$250 a day was charged for his services, and this the defense maintained was an extortionate charge. Various prominent physicians of New York testified that they would have charged from \$300 to \$600 a day. Evidence was also presented that a physician could make a certain number of day and night visits that would remunerate him to the same amount as that charged for per diem services. But there is another feature of this subject that does not appear. This physician was called for his special knowledge and skill, and in all professions the individual has the privilege of disposing of his services for such remuneration as he sees fit. Not only this, but during an absence of one day even if it would be possible for a physician to lose not only one, but several cases that would remunerate him far more than the sum above mentioned, and it is for this reason particularly that it has been everywhere the custom to charge what might seem to be a high price

for services entailing prolonged absence from one's place of business.

The *Journal* does not state the result of the suit. It would have been interesting to hear the decision of the court in this case.—*Cleveland Medical Gazette*.

There is no antiseptic which is more valuable or worthy of the confidence of the profession than Listerine. It is hard to find a practitioner's office where a bottle of this valuable antiseptic is not to be found. Being endorsed by the best men in the country, this is to be expected.

Chemical Food is a mixture of Phosphoric Acid and Phosphate, the value of which physicians seem to have lost sight of to some extent in the past few years. The Robinson-Pettet Co., to whose advertisement in this journal we refer our readers, have placed upon the market a much improved form of this compound, "Robinson's Phosphoric Elixir." Its superiority consists in its uniform composition and high degree of palatability.

A young doctor, so fresh from both literary and medical colleges, that he had not learned to translate his technical phrases into common parlance, was called to see a young girl suffering from "gastritis." Before leaving he ordered the anxious mother to "apply a sinapic cataplasm upon her daughter's hypogastrium." Soon the father came—the directions of the doctor were repeated to him—neither knew what to do. They called in a neighbor who said, "hypo" meant under the "gaster"—the belly. Now all was clear, they put the mustard plaster over the girl's generative organs. Next morning the doctor was quite wrathful when he saw the pitiable condition of the girl, although rendered so by his uncommon English.—*Medical Review*.

It is with unfeigned pleasure that I endorse your preparation, "Three Chlorides" as the most valuable of all general tonic and alterative remedies of which I make use. I have given it quite an extended trial among women who are suffering as Goddell very aptly put it with "the corks and cores of life," or from worn out ganglia. It has served the purpose and has brought buoyancy and increased vigor and nutrition. I am highly pleased with it.

Very truly,

H. C. CROWELL, M. D.

Cured by Lightning.

A remarkable case of paralysis being cured by lightning is reported from Bad Beyhaucch. A Berlin doctor ordered a patient of his who had been paralyzed in both feet for many years to the baths, not for cure, as that appeared hopeless, but thinking the invalid might possibly derive some slight benefit from the waters. The patient was ordered to be as much as possible in the open air, and was in the habit of sitting outside the house in a bath chair. Recently a violent storm came on, and everybody in the house forgot that the sick man was outside. Suddenly a vivid flash of lightning and a terrific crash of thunder reminded them of the fact and they were just about to go in search of him when the invalid suddenly appeared in their midst walking without any difficulty. From that moment he has appeared to be completely cured. This case, the *Hayger Wochenblutt* says, has excited great interest among medical men, some of whom believe the cure to be affected merely by fear and the intense desire to walk; others think that the electric current may have assisted the paralyzed limbs to move.—*Exchange*.

Remedy for Sterility.

Dr. Gritian, of Lyons, knowing the intimate connection existing between the uterus and the larynx, always told us in his lectures: "If ever you meet a woman complaining of infecundity, tell her to sing at the top of her voice during the copulative act, or the *actus conjug.*; it is the best method of promoting conception. I gave this advice on two occasions to friends, and it proved a success, although one of them had a pair of twins. She told me, after that experience *she kept her mouth shut*.—*G. J. Withowski*.

Pepsin is undoubtedly one of the most valuable digestive agents of our *Materia Medica*, provided a good article is used. Robinson's Lime Juice and Pepsin, and Arom. Fluid Pepsin, we can recommend as possessing merit of high order.

The fact that the manufacturers of these palatable preparations use the purest and best Pepsin, and that every lot made by them is carefully tested, before offering for sale, is a guarantee to the Physician that he will certainly obtain the good results he expects from Pepsin.

Aristol in Syphilis.

Dr. Remo Segre has tested the merits of Aristol in specific lesions at the polyclinic of Dr. Cattaneo, at Milan, and arrives at the following conclusions: "In cases of Gummata, a rapid cleansing of the sore was observed after the use of Aristol; the discharge of pus was diminished, healthy granulations developed, and rapid cicatrization ensued. Aristol also proved very efficient in the treatment of Chancroidal Ulcers, after the virus had been destroyed by caustics, producing exuberant granulations and a firm, permanent cicatrix. In cases of Glandular Abscesses, Superficial Suppurating Wounds and Chronic Ulcers which had resisted all kinds of treatment for many years, the influence of Aristol was very favorable. The author finally remarks, that notwithstanding the free use of Aristol, as for instance in cases where it was applied over large wound surfaces, he had never observed toxic effects, such as are sometimes developed after the application of iodoform."—*Bollet della Poliambul.*

A High Endorsement.

A letter in the *Medical Review* from Thomas H. Manley, A.M., M.D., visiting surgeon to Harlem Hospital, New York, to the Clemiana Chemical Co., Atlanta, Ga., is as follows:

GENTLEMEN:—Having given the preparation known as Verrhus Clemiana a thorough and extended trial, on hospital and private patients, I can most cheerfully recommend it, as serving an excellent purpose in those conditions resulting from specific and scrofulous diseases. I have found it to act with almost specific energy in strumous joint diseases of childhood and in many cases of chronic malarial poisoning which have resisted quinine and arsenic.

I am yours very truly,

New York, June 13, 1892.

THOMAS H. MANLEY, M.D.

After graduating the next step for the young physician is to join his medical society, and subscribe for two or three good journals. He will thus keep alive the flame of knowledge, and gradually fan the blaze into an enduring, brilliant light, whose effulgent gleam will dispel all darkness from the pathway of life.

Transmission of Tuberculosis by the Seminal Fluid.

At a meeting of the Society of Anatomy and Physiology of Bordeaux, Solles (*Journal de Medecine Bordeaux*, 1892, No. 5, p. 53), reported the results of experimental inoculation of two guinea-pigs, the one with the fluid expressed from the testicle of a tuberculous subject, and the other with the spermatic fluid obtained from the seminal vesicle of another tuberculous subject. In the first the induration at the site of inoculation slowly disappeared, without involvement of adjacent glands. and the animal recovered. In the case of the second guinea-pig, fatal general tuberculosis developed. The evidence, in so far as furnished by a single case, points to the hereditary transmissibility of tuberculosis.—*Med. & Surg. Reporter*.

The Pepsin Standard Advanced.

There are many varieties of Pepsin in market, differing widely in purity, activity and adaptability for therapeutic use.

Whether Pepsin be prescribed with success or failure depends on its quality. The physician prescribing Pepsin should demand in his prescription a Pepsin product which he has convinced himself is pure and active and can be relied upon.

By prolonged investigation of digestive ferments the standard has been again and again advanced. It is announced by Parke, Davis & Co., that they have succeeded in making a Pepsin capable of digesting 4,000 times its weight of coagulated egg albumen under the conditions of the pharmacopœial test.

This product is prepared by a new and original process, which renders it aseptic, free from odor, agreeable in taste to the most sensitive palate, and superior to any Pepsin product hitherto made.

In these days, when novices and porkpackers are flooding the market with Pepsins, it behooves the careful physician to see that his prescriptions are filled by the product of some reputable manufacturing chemist.—*Exchange*.

School teacher to anxious parent: "Your son is bright, intelligent, and getting along well in everything but hand-writing."

Parent: "That is all right; his writing don't matter; I am going to make a doctor of him."—*Medical Reporter*.

Contagiousness of Acute Tonsilitis.

Acute tonsilitis is now considered a general disorder from the beginning infectious, and probably of microbic origin. In certain cases infection is manifested by visceral complications (purulent pleurisy, albuminuria, etc.) The pus of tonsillar abscesses contains staphylococci and streptococci. In acute superficial tonsilitis the intensity of the fever, prostration and tedious convalescence, militate in favor of infection. The author has noted several cases of acute sore throat following in about eight days, the appearance in the waiting-room of the "throat" department of the hospital, of a case of tonsilitis. There had been no previous cases for a long time. These facts seem to prove its contagiousness, although this is not the sole means of the spreading of the disease.

He considers that antiseptic treatment should be instituted and the predisposed persons should be removed from the locality.—*Richardiere.—Clinic.*

An Improvement on the Standard Pharmaceutical Preparations.

INGERSOL, Kan., July 11, 1889.—DIOS CHEMICAL CO.—In regard to Dioviburnia, I can heartily endorse the statements of those physicians, who, having tried it, can only commend it. I am sorry I did not know of it before this. I came from an English school—very much opposed to proprietary medicines—but I must certainly give your Dioviburnia the credit due to an improvement on the standard pharmaceutical preparations. I am sending you a report "strictly confidential," of a case, the first one in which I used your remedy. You may make use of it, withholding names, of course. The lady in question is well known here and the success I achieved was, in my opinion, entirely due to the use of Dioviburnia, and I shall be glad to correspond with any physician as to the merits of the preparation.—*Exchange.*

Febricide is one of the best remedies at the disposal of the profession for the treatment of neuralgia, pneumonia and influenza. During the late pandemic of influenza it was tried and found thoroughly efficient.

Nutritive Enemata.

The value of a nutritive enema, when suitably prepared and administered, is probably not so well appreciated by the general public as it ought to be. Doubtless thousands of persons have been allowed to starve to death, as the result of ignorance of this important means of alimentation. The fact that the introduction of food into the lower part of the alimentary canal, is a means by which the nutrition of the body may be maintained, has been known to physiologists for many years. Many experiments have been made for the purpose of determining the best method of preparing food to be thus used. Meat juices, beef tea, pulverized pancreas, peptonized beef, and various other similar preparations have been used for this purpose, but, according to Huber of Zurich, the best food substance for use by enemata, is raw egg, with the addition of common salt in the proportion of fifteen grains of salt to each egg. The purpose of salt is to facilitate the absorption of albumen. Two or three eggs are the proper quantity for use at one time. After the addition of the salt, the eggs should be thoroughly beaten, and then the enemata should be slowly injected by means of a soft rectal tube, carried as high up in the bowels as possible. Three or four such enemata should be used daily. An hour before administering the enema, the bowels should be emptied by means of a water enema. Care should be taken that all the water passes off.—*Medical Brief.*

Leo XIII. is very sceptical about "faith cure," to judge from the following anecdote: A French lady of high social station recently obtained an audience from the pope and informed his holiness that she had procured one of his stockings, put it on her diseased foot, and was cured. "Madame," replied the pope a little maliciously, "fortune has been very kind to you. You need only put on one of my stockings and your foot is healed, while I put on both my stockings every morning and I can hardly walk."

Patient (to young Sawbones, who is about to cut off his arm)—Do you think the operation will be successful, Doctor?

Young Sawbones—Of course; I'll have that arm off in less than ten minutes.

A Thoughtful Woman.

A physician in Southern Virginia says during the late epidemic of la grippe, he was sent for to go and see a man suffering with that disease.

He arrived about dark, and being very tired, the old man insisted on the doctor's staying all night, and he consented to do so.

About midnight the old lady commenced to complain and said while the doctor was there it was a good time to "be sick," though she was not looking for it until the last of the month (that being about the middle), so about 3 a. m. she gave birth to a nine pound boy.—*Brief.*

A traveler was moving West on the National road in one of those "prairie schooners," common in the early days. He stopped for the night at the only hotel at Martinsville, Ill. About 10 p. m., the traveler's grown daughter complained of "pains in the stomach." No physician was obtainable except a young doctor fresh from "Rush." He went, examined the girl, (?) and ordered a mustard plaster applied to her stomach. The pains continued at regular intervals—the girl got worse. One of the older doctors had now returned to town and was called in. The young doctor from "Rush" stood at the foot of the bed. Soon there was a squall. The young doctor left for his office. Two days later he had another call to go three miles in the country to deliver a country woman. This was too much! He seized his pill bags, threw them into the street, and has never again attempted to practice medicine.—*Medical Review.*

Fees are commented upon by the *Maritime Medical News* in the following manner: It is an undoubted fact that the readiness with which a patient pays a fee is influenced considerably by the manner in which the doctor names it.

A doubtful hesitating statement that the fee will be "well, about \$4.00," will lead the patient to think that he may get off with \$3.00 or less. Even the statement "that the usual fee is \$5.00, but I don't want to be hard on you, will call it \$3.00," is not very wise. The short, but polite, curt, "\$5.00 please," will, if there is money there, bring it almost every time and encourage a conviction that the services are worth that, because the doctor seems so sure of it himself.—*Exchange.*

The Spread of Syphilis by Cigars.

The writer reports the cases of two girls with distinct syphilitic lesions, who were employed in cigar factories, as "finishers." They used to bite off the ends of the cigar wrappers, using the saliva to shape the tips. Gottheil calls attention to the manifest dangers in this process. He is not aware that specific disease has actually been communicated in this way. It is possible that the tobacco leaf and tobacco juice in the mouth may render the contagious element innocuous. But it is also possible that the long period of incubation of syphilis has rendered it impossible to trace a source of contagion so unnoticeable. It remains a fact that upon every single cigar tip of the thousands finished by these two operatives, there was probably deposited a portion of the virus of the disease. Moreover, the practice of using the teeth and saliva in the manufacture of an article which is destined to be taken into the mouth is not without serious objections entirely apart from considerations of disease.

It will probably be impossible in the future, as it has been in the past, to stop this unclean and dangerous method of cigarmaking by pressure put on the operatives themselves. The saving time and trouble is so great as to outweigh every other consideration.—*Southern Medical Record.*

A Black Eye.

Calendula, in saturated solution, applied by means of a pad of lint is claimed as an excellent application for "black eye."—*Brief.*

Contents for August.

.....

ORIGINAL COMMUNICATIONS—

Perityphlitis, B. F. Leonard, M. D.....	Page 9
Removal Vermiform Appendix, S. M. Davega, M. D.....	19
Summer Complaint, Joseph Collins, M. D.	21
EDITORIAL.....	29
BOOK REVIEWS.....	33
SELECTIONS.....	38
ABSTRACTS.....	47
MISCELLANEOUS.....	55

A NON-TOXIC ANTISEPTIC.

FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE.

Non-Toxic, Non-Irritant, Non-Escharotic-Absolutely Safe, Agreeable and Convenient.

FORMULA.—LISTERINE is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria, and Mentha Arvensis, in Combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic acid.

DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—sepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its peculiar adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eruptions of dyspepsia, and to disinfect the mouth throat and stomach. It is a perfect tooth and mouth wash, indispensable FOR THE DENTAL TOILET.

Diseases of the Uric Acid Diathesis.

LAMBERT'S LITHIATED HYDRANGEA.

. RENAL ALTERATIVE—ANTI-LITHIC.

FORMULA.—Each fluid drachm of "LITHIATED HYDRANGEA" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY OF DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

DOSE.—One or two teaspoonfuls four times a day (preferably between meals).

The ascertained value of HYDRANGEA in Calculus Complaints and Abnormal Conditions of the Kidneys, through the earlier reports of Drs. Atlee, Horsley, Monkur, Butler and others, and the well known utility of Lithia in the diseases of the uric acid diathesis at once justified the therapeutic claims of LAMBERT'S LITHIATED HYDRANGEA when first announced to the medical profession, whilst subsequent use and close clinical observation has caused it to be regarded by physicians generally as a very valuable Kidney Alterative and Anti-Lithic agent in the treatment of

URINARY CALCULUS, GOUT, RHEUMATISM, CYSTITIS, DIABETES, HAEMATURIA, BRIGHT'S DISEASE, ALBUMINURIA, AND VESICAL IRRITATIONS GENERALLY.

Realizing that in many of the diseases in which Lambert's Lithiated Hydrangea has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed. We have had prepared for the convenience of physicians

DIETETIC NOTES,

suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of Listerine and Lambert's Lithiated Hydrangea.

LAMBERT PHARMACAL CO., St. Louis, Mo.

The Hospital Gazette tells the following tale of the rapid rise of a medical man in London into fashionable business, on the authority of a fellow-practitioner. He was conversing with a lady's maid in an aristocratic family, one of whose junior members he had been attending, and he ventured to ask: "How is it that the Duchess thinks so much of Dr. Goosely Robinson; usen't she to be a homœopath?" "Oh, yes, sir, she was, but this new doctor just suits her Grace; he's very pleasant in his manner, and even when there's nothing the matter with her he examines her so very carefully; in fact, you know, *stereoscopes* her all over."—*Exchange*.

A Kentucky woman who concluded her medical studies this last spring, brought home in one arm her diploma and in the other her week-old babe (*Phar. Era*). Another woman in Kansas not long ago celebrated her election as town mayor by giving birth to a child on the same day. Which either proves the superiority of woman over man by way of versatility and endurance, or it may be accepted as a protest by nature against modern attempts to set insuperable barriers.

University of the City of New York,

MEDICAL DEPARTMENT,

No. 410 EAST 26th STREET, OPPOSITE BELLEVUE HOSPITAL,
NEW YORK CITY.

FIFTY-SECOND YEAR, 1892-93.

The Collegiate year consists of a Spring Term, which begins March 30th, 1892, and ends June 1st 1892, and a Winter Term which begins Wednesday, September 28th, 1892, and ends March 31st, 1893. An obligatory three years course has recently been established.

The First Year comprises recitations in the primary subjects, dissection, laboratory work, urine analysis, etc.

The Second Year comprises lectures in the primary branches, recitations, laboratory work, and clinics in general medicines and surgery.

The Third Year comprises lectures in the practical branches, clinics in general and special subjects and instruction by Sections at the bedside in the wards of Bellevue Hospital, and attendance upon obstetric cases in out-door practice.

The ample Laboratory Dispensary and Hospital facilities at the disposal of the College enable the Faculty to offer each student unusual advantages for practical work and bedside instruction.

FEES.

For course of Lectures.....	\$150 00
Matriculation	5 00
Demonstrator's Fee, including material for dissection.....	10 00
Final Examination Fee.....	30 00

For further particulars address the Dean,

Prof. CHAS. INSLEE PARDEE, M. D.,

University Medical College,

410 East 26th Street, New York City.

Charlotte Medical Journal.

VOL. I. CHARLOTTE, N. C., SEPT., 1892.

No. 3.

Original Communications.

Transactions of the Alamance County Medical Society.

GRAHAM, N. C., August 2d, 1892.

Society called to order by Vice-President G. W. Long, M. D.

The following members present, answered to the roll call : G. W. Long, M. D., G. A. Foster, M. D., W. E. Fitch, M. D., Dr. R. A. Freeman, Dr. G. K. Faust, Dr. J. W. Page, Dr. T. W. Patterson and W. G. Stafford, M. D.

Minutes of last meeting read and approved.

Committee on Credentials, Drs. Freeman and Faust, reported the names of Dr. T. R. Williams and T. S. Faucett, M. D., for membership. It was regularly moved and seconded that they be received into full membership of the society, enjoying all its rights and privileges.

Written communications from Drs. Cox and Stanton, of High Point, to G. W. Long, M. D., was read by the Secretary asking our society to co-operate with them in organizing a general delinquent arrangement ; that the counties of Randolph, Guilford and Davidson were already taking steps to form and adopt resolutions regarding delinquents. It was moved that we join them in getting up and perfecting a delinquent list. This motion received a second and was carried.

W. E. Fitch, M. D., moved that each and every member of the Alamance County Medical Society furnish in writing, every thirty days : (a) The name and address of delinquents ; (b) The amount of delinquent ; (c) The physician listing the name ; (d) How long delinquent. Seconded by T. S. Faucett, and carried.

W. E. Fitch, M. D., then moved that we set apart one hour at each of our meetings for clinics. Seconded and carried.

The Vice-President, acting as President, asked for leave of ab-

sence of ten minutes. Thereupon Dr. G. K. Faust was called to the chair.

A written communication from J. C. Montgomery, M. D., Editor CHARLOTTE MEDICAL JOURNAL, to W. E. Fitch, M. D., was read by the Secretary asking for the transactions of this meeting and a copy of any papers that were read before the society for publication in THE CHARLOTTE MEDICAL JOURNAL. It was regularly moved and seconded that they be sent to the Journal.

A very interesting paper was then read by W. G. Stafford, M. D., on Fractures of the Forearm and Treatment, which was very much enjoyed by the society.

The society then had an experience meeting, each one giving his methods of delivering the secundines in a case of normal labor. It was thoroughly discussed by all the members present, and the census of opinion was to withhold ergot in normal cases and never to administer it in any case until the uterus was entirely emptied of its contents. Some made traction in the cord; others did not, but it was held by some, and I agree with them, that in normal cases Creda's method is the best to excite the contractions of the uterus.

No other business Dr. Long moved to adjourn to meet Tuesday, September 5th, at 10 a. m.

G. W. LONG, M. D., V. P.

W. E. FITCH, M. D., Secretary.

Fracture of the Forearm.

BY W. G. STAFFORD, M. D.

Perhaps there is no fracture, or set of fractures, more common in the practice of a surgeon, whose results are more disastrous if improperly treated, or whose deformities in the last mentioned instance, more patent to the average layman than those of the forearm. And, I might add, there is none upon which a suit for malpractice is more likely to be instituted upon an unfortunate issue.

I always dread these cases. In nine out of ten you may rest assured that before your arrival upon the spot Uncle John Meddle has ventilated the opinion that Dr. Fahbelly ought to have been sent for; that he has had "lots of sich cases" and they all got well.

Aunt Samantha Garrulous will tell the family that she doesn't believe you are "much on broken bones ;" and Mr. Boswell Rascal will be on the spot to criticise your work and gibbet real or imaginary imperfections for the benefit of your real or imaginary rival over the way.

The patient, hearing the discussion, will have become thoroughly nervous by the time you get to the bedside, and not in a condition for the reposition of much confidence in you, especially if some one comes in the moment after you get there, and, "all out of breath," tells that Uncle Shakspeare McJake, who has cirrhosis of the liver, chronic Bright's, and cardiac dilatation, upon whom you have been waiting for the last six months, has just died.

Of fractures of the forearm, the most frequent is about the middle of the shaft, *exe. colles*. These bones are fragile and little protected by muscle, and hence the frequency of the accident.

The cause is usually direct violence, as in defence from a blow or from a fall.

The signs are the ordinary signs of fracture, to wit :

False point of motion,
Rotary displacement,
Angular deviation from axis,
Crepitus,
Tenderness upon point pressure,
Unnatural mobility,
Retraction of limb by contraction of muscle,
Ecchymosis,
Shortening.

In fractures of the ulna, the upper fragment will be flexed by the brachial anticus or extended by the triceps. The lower fragment will be brought to the interosseous space by the action of the pronator quadratus. It is very easy of recognition.

Treatment: Overcome the displacement by a compress and by relaxing the muscles causing the deformity. Avoid union of the ulna and radius by separating them and placing between them a roll of adhesive plaster four inches in length. Now, put on lateral splint wider than the forearm. Place semi-prone and sling by the hand.

OF STYLOID FRACTURE OF ULNA.

Cause: Direct violence.

Treat by a compress and bandage, beginning passive motion in two weeks.

OF HEAD AND NECK OF RADIUS.

In addition to the ordinary signs of fracture, then upper fragment is flexed upward by the biceps ; the lower drawn inwards by the pronator quadratus.

Diagnosis: Seize the hand, place your thumb on the head of the radius ; it will not rotate if fractured.

Treatment: Place semi-prone, flexure at right angles ; place the hand and arm in a splint with the long axis of the limb.

OF SHAFT OF RADIUS.

Cause: Direct violence or a fall.

The displacement varies according to the seat of the fracture, taking the point of departure from the intersection of the pronator radii teres muscle. If above, the upper fragment is flexed by the biceps and supinated by the supinator brevis ; the lower fragment is pronated and drawn towards the ulna by the pronator radii teres and the pronator quadratus.

Treatment: If you put up this fracture midway between pronation and supination, *pronation and supination are lost !* *Supinate strongly* the forearm and semiflex if the patient is to get up ; if to lie in bed, then just supinate—place the palm upward. If the fracture is below the insertion of the pronator radii teres, the displacement is not so great, as the action of the biceps and supinator brevis is opposed by the pronator radii teres. You treat this fracture in the semi-prone position.

In all these fractures you will use lateral splints with a roll between the bones.

If the fracture is of the shaft, put the hand in the splints and fix it, *except* in Colles' fracture. This is the most frequent of all fractures except of the clavicle. It was described by Colles in 1814. It is situated about one or one and one-half inches above the articular surfaces, and involves a chipping off of the styloid process of the ulna and laceration of the internal lateral ligament of the wrist joint. It is sometimes called the "silver fork" fracture. There is dorsal prominence ; the lower fragment and carpus are thrust upward and backward. The palmar deformity is caused by the projection formed of the upper fragment which is forcibly pro-

nated by the pronator radii teres muscle and the pronator quadratus.

The two great signs are :

Dorsal prominence and

Palmar deformity.

Treatment: Seize the hand, make strong extension and a little flexion; place the thumb on the styloid process of the ulna. Put a splint on the inner side and one on the outer. Let them go down to the lower end of the radius, but leave the carpus free, and let the hand down and relax the internal lateral ligament. In two weeks it will be well, or almost so. Leave the dressings on three or four weeks.

There is the Levis splint and a pistol shaped splint—not so good, as it confines the hand. Use lateral splints and strap on with plaster. Let the splints be wider than the forearm and let them come to the lower border of the radius, and, by all means, leave the hand and carpus free.

Tell your patient to be careful and not get hurt over.

If both bones, radius and ulna, are fractured, if below the insertion of pronator radii teres put up semi-prone; if above, strongly supurate as in radius alone in same locality.

W. G. STAFFORD.

Hydrogen Peroxide.



BY W. E. FITCH, M. D.

The object of this paper is to give an account of the uses of Peroxide of Hydrogen in the treatment of diphtheria and other diseases, and to set forth various reasons, both practical and theoretical, why this agent is a valuable one. Hydrogen Peroxide acts very energetically upon dead and decaying animal tissues, yielding up its oxygen and deodorizing decaying tissues. Likewise, also, does it act upon purulent discharges. The disengaged oxygen fusing a foaming lather as the ozone is liberated.

In diphtheria a great many substances have been used for the purpose of dissolving the membrane. Tanin has been tried, but it hardens the membrane and is therefore not a useful drug. Hydrogen Peroxide accomplishes this purpose very readily and at the same time it has an inhibiting action upon the germ, and purifies

the parts affected. Many agents have been used, but they all lack the power of destroying the germ, and herein lies the virtue of Peroxide of Hydrogen. It not only dissolves the membrane, but is absolutely antiseptic and the most powerful bactericide and pus destroyer known. Hydrogen Peroxide has other advantages over the various other drugs which have been used as topical applications to the membrane of diphtheria and purulent discharges, viz : It is colorless, odorless and tasteless. It causes no pain in its application and does not interfere with digestion. It is especially useful in all diseases of the nose and throat, ozena, tonsillitis, pharyngitis and membranous croup.

There are several methods of its application, but any means which the ingenuity of the physician can devise will answer the purpose. It can be applied with probing swab, but the spray from an atomizer and gargles are probably the best, and have given the best results at my hands. Inhalations and hypodermic injections have been tried, but without any benefit, because the blood cannot take up any more oxygen than is present in the atmospheric air. In diphtheria the drug should be used early to prevent thickening of the membrane and also to prevent the membrane from speeding downward into the glottis and upward into the postnares. The prevention of the membrane speeding downward into the larynx is of serious consequence, as it is inaccessible in this location.

The bacilli of diphtheria and form of the schizomycetes, and they multiply by fusion, i. e., one into two, two into four, &c. For this reason the Peroxide of Hydrogen should be given very frequently—every hour, or, better still, every half an hour. Therefore, to prevent new colonies forming, it should be given very frequently. The usual constitutional remedies should be carefully administered—spirits frumenti, iron and quinine being more efficient. Strychnine should be used during convalescence.

In ulcers (suppurating) the drug has a very pleasing action. In abscesses at my hands it has given very great satisfaction, administered full strength, with a *glass* male syringe. It deodorizes all decaying tissue, purulent and sero-purulent, discharges. The disengaged oxygen forms a foaming lather, which should be allowed to remain a few minutes and then washed away and dress as you would any ordinary wound of this kind, antiseptic, gauzes, iodoform, &c.

The Tape Worm—Methods of Preparation for the Museum and the Microscope.

BY J. M. STEDMAN, TRINITY COLLEGE, DURHAM, N. C.

Hoping that it may be of benefit to others, I venture to give some methods by means of which I was enabled to preserve a tape-worm (*Tænia saginata*, Gœze, *T. medio-cannelleta*, Kuch.), and at the same time show its anatomy most beautifully.

For museum purposes, the excretory (water vascular) system of the whole worm, or the latter part of it in which the uteri are fully developed, is injected with a fine injecting mass, such as is used for the injection of cold-blooded vertebrates. This can readily be accomplished by inserting the end of a canula, which should be cut off obliquely, into the generative cloaca or opening of the vagina, in which operation the excretory canal will be cut, and if the canula be not inserted too far, the whole of the excretory system caudad of the canula will be injected without any difficulty. This operation of injecting will demonstrate the presence of valves in the canals at the caudal part of each proglottid or segment of the worm. Thus it is that only that portion of the excretory system caudad of the insertion of the canula will be injected, the valves preventing the flow cephalad. The worm, after being injected, is then washed in water and put into 75 per cent. glycerine to which has been added a few drops of acetic acid. In the course of a few hours the worm will become transparent, and in addition to the excretory system, the uteri, ovaries, vagina, and vas deferens, which change but little, if at all, will be distinctly seen. If a worm, or a portion of it thus treated be suspended in a bottle of 75 per cent. glycerine so as to be easily seen, and the bottle thoroughly corked, the specimen will keep indefinitely. A tape-worm thus prepared, is indeed a beautiful as well as instructive object.

For microscopical purposes about five centimeters of the worm treated the same as for the museum was mounted in glycerine jelly in a cell the usual way. Another portion had the uteri and ovaries of several of the segments also injected. The operation of injecting the uteri and ovaries is very simple, and is readily accomplished by forcing the canula further in than in the case of injecting the excretory system, so that the canula reaches nearly the center of the segment. Occasionally the uteri can be injected by

forcing the canula but a little way into the vagina. Segments in which the uteri are fully developed and extended with ova need not be injected, as they are quite distinct, but the ovaries and immature uteri are not seen well unless injected. A few centimeters of the worm in which the excretory system is injected with one color and the uteri with another, form very beautiful preparations.

Another preparation for the microscope was made by placing a few segments of the worm in Muller's fluid for three days, after which it was injected, both the excretory system and the uteri (for unless the uteri are injected they will not be seen in this preparation), then hardened in 50, 75 and 95 per cent. alcohol, cleared in turpentine three parts, carbolic acid two parts, and mounted in balsam. These preparations in balsam require more work than those in glycerine, but it may pay in the future the greater permanence compensating for the extra labor.

Mature segments of the worm were hardened in Erlick's fluid and alcohol, and cut into transverse, and longitudinal serial sections. The longitudinal sections show the valves of the excretory system in their natural position.

The nervous system may also be studied by means of sections.

Ova were taken from the last segment, placid in picric acid and alcohol (50 per cent. alcohol, 100 cc: picric acid, 1.5 grammes,) for 30 minutes, and mounted in balsam.

The only published methods of which I am acquainted for the preparation of the tape-worm, is in "*Manuel de Microscopie Clinique*," par G. Bizzozero et Ch. Firket, in which a process consisting of drying is described.

Address On The Methods Of Medical Education.—Shall It Be By Lectures Or Recitations?

BY T. GRISWOLD COMSTOCK, A. M., M. D., PH. D., ST. LOUIS.

The best methods of medical education and every other education has not yet been settled with any degree of unanimity.

The question to be discussed is, plainly, what are the best methods of acquiring a first-class medical culture and *educing* the "Doctor optimus?"

Education, which is really synonymous with evolution, is the

one word that expresses all the difference that lies between barbarism and our noblest civilization.

Education is the evolution of science, art, invention and discovery, and all the grandest things that man in a progressive state has accomplished and made monumental in history.

The civilized world for forty centuries has been in a constant struggle to develop its noblest powers through culture, but this has been done through brain sweat and the agony of myriad failures, and even now the many plans and methods insisted upon for the sake of obtaining the highest culture are so various that the best modes of study and acquisition have not been wholly settled.

In the classic days of Greece there were no primary schools, no kindergartens, and, in fact, no schools for children; but in the Groves of Academus Socrates taught the youth of Athens in the double methods—by lecture and interrogation—in the *Socratic method*, and Aristotle taught them in the Lyceum of Athens. Plato, Xenophon and Alcibiades were developed, and won fame in all ages for profound intellectual culture, and there were hundreds more whom the relentless tides of Time have swept into oblivion.

Doubtless there were recitations and discussions, questions and answers, and also a great deal of oral teaching was given—what we call lecturers—but the question is still mooted, which is the better way, all lecture or no lectures, all recitation or no recitations.

We know that the practice of the medical universities of Europe, Berlin, Vienna and Paris is almost wholly devoted to lectures; except in the gymnasium and the lower schools, there is little done in recitation.

The pupil does the listening, if not weary and sleeping, while the professor, not always attractive or brilliant, does the taking, and thus, attending a course of courses of lectures, entitles the graduate to a "*Prüfung*" (rigorosum), and, if satisfactory, then to a diploma, but this diploma gives no right to practice medicine in Europe. In addition, he must pass a long and thorough and painful examination by the Government authorities ("Staats Examen") before he is permitted to write a single prescription, or give a prognosis of any disease. I pause here a moment to say

that is just what should be in every State of the Union; neither should we accept the dicta of home-made or foreign diplomas, until a thorough examination has verified them.

In Massachusetts, Pennsylvania, Connecticut, Missouri and some other States, they accept, almost without a question, the diploma of a foreigner who is a graduate of some university of any country in Europe, Mexico, or South America. This diploma is at once acknowledged, and a certificate issued, licensing the Englishman, Frenchman or other alien to practice. In these same countries, where these aliens come from, they totally ignore our diplomas. In France, at present, no American can practice unless he graduates from a French university. Our near neighbors, the Canadians, do not allow our professional men to practice there. Let us, in great United States, have sufficient self-respect to require of foreign doctors the same rules that their own governments impose upon us when we wish to practice in a foreign country.

A severe and thorough examination (like the "Staats Examen" in Germany) should tell the right of a graduate to practice. A diploma is not sufficient. What right have the graduates of Europe or Canada, armed only with a college diploma, to come here to practice, without examination, upon the lives of free-born American citizens when our physicians are not allowed to practice there? Reciprocity is a principle as good in medicine as in merchandise. Why should we give more credit to the foreign diploma than is allowed to ours? Nothing is more dear to an American than fair play.

This State Board examination should ascertain what the graduate knows of himself, not what he has heard some lecturer say on the subject in some college, whether in Vienna or Berlin or Montreal. They are not allowed to practice in their own country on their diploma, but they presume to come here and take advantage of our slack methods. And now a special word in point. In the face of the practice of Medical Colleges in Europe, I shall insist upon the urgent necessity of studies by recitation, and even bedside studies, in addition to lectures. The truth is that the young graduate should gain some practice in medicine before he begins to practice. I trust this apparant solecism will be taken in good part, not recitations alone, but a mixture of both methods should

prevail, and the best results will come from a thorough drill in recitation and bedside practice.

The whole civilized world, since any system of education has been in vogue, has recognized the necessity of the drill which only recitations, thorough and exact can produce.

What proficiency could be achieved if a regiment of soldiers should hear lecturers on the manual of arms, and never have anything but the theory to go on?

If there is any one thing more needed than another, it is the exact and thorough mastery of medicine and disease, and this must come through the ministry of all the faculties and the senses through the eye and ear, through the brain sweat and the constant drill of memory, and by hard work, and not merely by the ear.

It may be very nice and wonderfully easy to listen to the learned professor, but we must study the authorities for ourselves, and there is no better test of exact knowledge than by recitation.

There are two distinct methods of human culture, one refers to the great fact of receptivity, or the receiving of facts and data from all history, science and thought, that is what men have said and done. The true scholar is always a receiver, and in his profession he must give account of his receivership—"Qui non proffit deficit." In this sense the mind and the memory are a sort of hopper to gather facts and history, and adjust the same, while this is of the last importance it is not all by any means.

The mind must give out as well as take in, and this is the true process of education.

Grass and grain are good for milk and cream, but the digestive and internal arrangements are necessary to convert the coarse material into the finer product, so the knowledge into the mind must be worked out by internal processes to get the best results—for what is education? It is a grand word full of meaning. It is the culture, the educing of the mind, not filling it up with outside matter, it is the leading out of the mental powers, an intellectual development, an education, an evolution.

The original Latin word, education, means the culture and discipline of the mental forces, thus training the faculties to act upon whatever comes in contact with the mind as a fact, a science, a theory or a philosophy.

The medical student is not merely to be a receptive automaton, and to receive his education through the auditory nerve alone. With every sense and faculty alert, he must use the midnight oil. He must dig and delve and develop and put in to shape for active duty what he knows, and this he can best do by faithful study and recitation, and all his professional study and work must be based upon a preliminary classical education. Latin and mathematics should come before professional studies. I believe in a thorough education—*Non doctior, sed meliore imbutus doctrina* (Not more doctors, but doctors better taught).

"Let us then be up and doing,
With a heart for any fate,
Still achieving, still pursuing—
Learn to labor and to wait."

—*N. Y. Medical Times.*

The Sick Poor.

There are districts in New York more densely populated than can be found in any other city in the world, forming, many of them, great centers of nationalities. A glance at the steps taken each summer by our Board of Health and district organizations to care for the sick poor during the summer months will be full of interest, showing the better side of humanity. The city is divided below the Harlem River into fifty districts, to each of which is assigned a physician, who receives from the city \$200 for eight weeks service.

Electrical Executions.

The recent execution by electricity of McElvaine, the murderer of the Brooklyn grocer, Luca, seems to have met every requirement of quickness and painlessness; and as the new law allowing the presence of newspaper reporters had gone into effect before the execution, there has been heard no longer the hysterical howl for the repeal of the law directing executions to be by the electrical current.

It is safe to say that this mode of execution has come to stay in this State; and after a little more time for testing, it is probable that other States will be inclined to follow our example.—*Medical Times.*

Charlotte Medical Journal.

E. C. REGISTER, M. D.,

J. C. MONTGOMERY, M. D.,

Editors and Publishers,

NO. 36 SOUTH TRYON STREET,

CHARLOTTE, N. C.

✧ SUBSCRIPTION. \$2.50 PER YEAR. ✧

Articles intended for the Original Department of the Charlotte Medical Journal will be accepted only with the understanding that they are contributed to it exclusively.

WE call special attention to the announcement of the University of the City of New York. No College ranks higher than this one. It has every advantage to give a student the very best medical education.

THE announcement of the Southern Medical College appears in this issue. This College is the best equipped institution of the South and inferior to none, offering every advantage for a first-class medical education.

A STUDENT in preparing his medical education at college spends a great deal of time in dread, suspense and anxiety, fearing in the end he may fail. The only sure way to overcome this is to be taught by some first-class quiz master in whom you place the utmost confidence, and who assures you that if you will only follow his advice and teaching you will without doubt receive your little card "*admitted*" in March. The record of Dr. Collins' Quiz Class is excelled by none in New York city. 'Tis the great Southern quiz of the city. We refer you to his announcement in this issue. Page 30th.

A writer in *Musical Millions* says he never loses time in looking for a fine vocalist in a country where fish and meat diet prevail. Vocal capacity disappears in families as they grow rich, because they eat more meat. Those Italians who eat the most fish (those of Naples and Genoa) have few fine singers among them. The sweet voices are found in Irish women of the country but not of the towns. Norway is not a country of singers, because they eat too much fish; but Sweden is a country of grain and song. The carnivorous birds croak; grain eating birds sing.

THE New Orleans Medical and Surgical Journal speaks of that city being the dumping ground for the medical refuse of all the other States of the Union, and Louisiana will for two years at least remain the paradise, the refuge for quacks and incapables from all the corners of the country. This is due to the defeat of the Medical Practice bill, which has twice been before the Legislature.

The first defeat came through the combined actions of internal dissensions, the Louisiana lottery bill and the Homœopaths. The second defeat was through the combined agencies of the Homœopaths alone. We are thankful that the soil of North Carolina is not fertile enough for the prosperous growth of a lottery or the atmosphere so solubrious for a bunch of Homœopaths, but we are glad and proud that she can boast of her medical laws, her State Medical Board, where quackery is scarcely known and the incapables are few. But we congratulate our sister State on the noble fight she has made for her rights and quote to her the familiar phrase: If you don't at first succeed, try! try again!

CONSIDERED under all circumstances, physicians, as a class cannot be respected too highly. It is among them that one meets true knowlege and true philosophy. In whatever place you may be thrown, you will not be alone if you can find a doctor. Physicians have worked prodigies for humanity. They are the only men, with the clergy, who should never be sacrificed during pestilence. What philosophers have more honored mankind than Hippocrates and Galen? Let us cease reviling an admirable science, which clings to the noblest and most generous sentiments. Praised in chants by Homer and Virgil, it claims all that is most beautiful in memories of the past. The study that it imposes is immense; it gives us the marvelous ideas of ourselves, since that, in order to know only our material edifice, it is necessary to know all in nature. Hippocrates, by a sublime expression, calls the body the effigy of man; we might also compare it to a palace in which, after the soul's flight, the physician wanders through the solitary galleries, as one who visits a deserted temple now abandoned but once filled by the presence of a divinity.

These are the words of a man in France. If this country had many such men as this one this world would be a Paradise and may be his bills would be more willingly settled.

THE Medical Review very ably discusses the plans and prospects of the new code of ethics which will soon appear. There has never been a time when a revolution should occur—where an entire change should take place in Medical Ethics—as at the present time. Whether the eagerness to get rich or the desire to become famous has caused the necessity for a change we will not venture to say, but a change is surely and certainly needed. The revised code we hope will be better and more strictly and properly adhered to. Among the many points discussed we give only a few.

“A provision which should certainly be modified is that which provides that no physician can undertake to treat a case without seeing to it that the former attendant has been dismissed and paid. While the former condition might be carried out without much inconvenience, it is certainly asking a little too much of a physician to act as collector or “dun” for another. It is undoubtedly the duty of each one to see that his accounts are paid and that is what is practically done. In cities, more especially, this clause is practically a dead-letter. Physicians have neither the time nor inclination to look up each patient’s former doctor and are content to prescribe and collect. It is only the very young or unoccupied who find any pleasure in this sort of thing and they learn, in a very short time, how unprofitable it is.

Another matter of more than ordinary importance which will probably come up is that connected with proprietary remedies. The profession is not a unit on this by any means. Some are inclined to look upon all proprietary remedies in the light of patent medicines and they are desirous of having this interpretation made in the revised code. Others, on the other hand, do not share in this opinion, but are equally desirous of having the status of these remedial agents fixed and have them endorsed as legitimate therapeutic agents. Both sides are very active, especially so because of the stimulation which is afforded by those who are more directly and financially interested in the matter—the manufacturers. This is a very knotty problem although, like the knot of Gordius, easy of solution providing some modern Alexander is intrepid enough to cut it in twain at one blow.

We have briefly outlined some of the problems which will confront the committee on revision of the code, if it proposes to perform but a part of its duty. They are all questions of more or less

moment, and they are all of vital interest. It will do no good to try to evade any or shirk them. The profession of the country has its eyes fixed upon the committee and expects what will practically amount to a new code. There is no doubt, whatever, in our mind, that no matter what the report is a storm will be raised. Like all such perturbations it will have the tendency of clearing the atmosphere and some good is sure to result. We desire to express the sincere hope that the committee, as well as the Association, when it considers the report, will bear in mind the necessity that exists of making it be what it should be of the "greatest good to the greatest number."

PHYSICIANS' FEES.

A New York jury called on to decide whether a physician summoned from New York to Atlanta for special advice was justified in charging \$250 a day for his time and services was unable to agree on any higher figure than \$150 a day. Doubtless even this amount will seem unreasonable to many, for the old belief still lingers that a doctor ought not to get rich from his practice. However comfortable this belief may be for those who hold it, the doctor himself is entitled to a voice in any agreement involving the use of his skill and experience. It is not fair to compel the physician to establish his reputation and to allow the patient to fix the fee. It is a curious contradiction in human nature that the bill which is least willingly paid is the bill of the gentleman who has saved one's life.

The "Times," with equal truth and fervor, says:

In the case of the physician the ready explanation is that when he is summoned, the people who summon him are too deeply moved by their emotions to have a thought of such practical things as fees. To be consistent, however, their emotions should control them until the fees are paid. As a matter of fact it does not make life much harder to live, or death and sickness much harder to bear, to ask one practical question even when burdened by grief; and any competent physician will always be found perfectly willing beforehand to state the value he places on his services. It would be awkward, though, for him to name his price when not asked to do so.

It is not likely that any New York physician will regard this

sum as exorbitant, and probably most of them look upon the original bill as perfectly fair. It must be remembered that a physician's life is generally more than half spent before he begins to earn a bare living. If he starts his medical studies as soon as he has finished the essential academic course in college, what with the year or two of additional study abroad and the hospital practice that every young physician who hopes to make his mark must have in these days, and the more or less patient waiting for general practice that is always the lot of the beginner, he is thirty-five years old, or older, before the return for his labors begins to come. He must, moreover, keep abreast with the new theories if he hopes to retain his practice and increase it; his studies never cease, his hours of labor are not fixed like the artisan's and the clerk's, he sleeps when he can, and in curing others he often injures his own health. The physician is surely worthy of his hire. When his charges for work that requires great knowledge and the kind of acquired skill seem too large, it is well calmly to consider all the circumstances.

The above is one of the many instances where talent is not appreciated. To correct such matters there is but one way; viz, to have a definite understanding between the parties. Agreeing with the "Times" to be consistent, their emotions should control them until the fees are paid.

THE Omaha Clinic contains an interesting article on electrocution, its preferableness, etc: "Finally, as compared with hanging, in which death is frequently produced by strangulation, with every indication of conscious suffering for an appreciable time on the part of the victim, execution by electricity is infinitely preferable, both as regards the suddenness with which death is effected and the expedition with which all the immediate preliminary details may be arranged. By the latter method the fatal stroke renders the subject unconscious in an infinitesimal fraction of a second—so small as to be beyond the power of the human mind to estimate it—while, at the same time, it destroys both conscious and organic life in a shorter space of time than is possible by any other known method. In other words, it is the surest, quickest, most efficient, and least painful method of inflicting the death penalty that has yet been devised."

Books Reviewed.

PHYSICAL DIAGNOSIS AND PRACTICAL URINALYSIS.—An Epitome of the Physical Signs of the Heart, Lung, Kidney and Spleen in Health and Disease. Edited by JOHN E. CLARK, M. D., Professor of General Chemistry and Physics in the Detroit College of Medicine. Forty-seven illustrations. Cloth, 12mo, 200 pages; price, postpaid, \$1.00. Illustrated Medical Journal Co., Publishers, Detroit, Mich.

In the arrangement of this work the object has been to present to the medical student and practitioner a systematic and condensed course of Physical Diagnosis and Urinalysis. The portion on Urinalysis will be found to consist of two parts, practical and reference. The editor believes there is a demand, in many medical schools and by many medical students, for a short, definite course of organic chemistry, touching alone on those subjects of every-day interest to the medical practitioner, such as the analysis of urine, chemical and microscopical; the examination of sputa, bile, blood, bacteria, etc.; methods for the quantitative estimation of the more important urinary constituents, normal and abnormal, such as urea, chlorides, sugar, albumen, etc. To meet these requirements the editor has compiled this volume. Teachers in the laboratory will find the work of advantage as giving the plan for definite instruction with such manipulatory details as will enable students to pursue the course of urine analysis with the minimum of assistance. This is essentially the same as the course given by the editor in the college with which he is connected. Plates have been introduced as needed to still further assist in elucidating the text.

THE POCKET MATERIA MEDICA AND THERAPAUTICS.—A Resume of the Action and Doses of All Official and Non-official Drugs now in Common Use; by C. HENRI LEONARD, A. M., M. D., Professor of Medical and Surgical Diseases of Women and Clinical Gynæcology in the Detroit College of Medicine. Cloth, 12 mo., 300 pages; price, postpaid, \$1.00. The Illustrated Medical Journal Company, Publishers, Detroit, Mich.

This volume, so the preface informs us, has been in preparation for the past four years. The drugs of as late introduction as 1891 are to be found in its pages. The author claims to have incorporated everything of merit, whether officinal or non-officinal, that could be found in standard works or from many manufacturers' catalogues. The scheme embraces the Pronunciation, Officinal or Non-Officinal indication (shown by an *), Genitive case-ending, Common Name, Dose and Metric Dose. Then the Synonyms, English, French and German. If a plant the Part Used, Habitat, Natural Order, and Description of Plant and Flowers, with its Al-

kaloids if any. If a Mineral, its Chemical Symbol, Atomic Weight, looks, taste and how found, and its peculiarities. Then the Action and Uses of the Drug, its Antagonists, Incompatibles, Synergists and Antidotes. Then follow its Official and Non-official preparations, with their Medium and Maximum Doses, based, so far as possible, upon the last U. S. Dispensatory. Altogether, it is a handy volume for either the Physician, Student or Druggist, and will be frequently appealed to if in one's possession. It is the most complete small book on this subject now issued.

A NEW PRONOUNCING DICTIONARY OF MEDICINE, by JOHN M. KEATING, M. D., Fellow College of Physicians of Philadelphia; Visiting Obstetrician to the Philadelphia Hospital, and Lecturer on Diseases of Women and Children; Gynæcologist to St. Joseph's Hospital; Surgeon to the Maternity Hospital, etc ; Editor "Cyclopædia of Diseases of Children, and HENRY HAMILTON, Author of "A New Translation of Virgil's *Æneid* into English Rhyme;" Co-author of "Saunders' Medical Lexicon," etc. Price, Cloth \$5.00 net; Sheep \$6.00 net. W. B. Saunders, Publisher, Phila.

This is a voluminous and exhaustive hand-book of medical, surgical and scientific Terminology. It contains the most concise explanations of the various terms used in medicine and the allied sciences, with phonetic pronunciation, accentuation, etymology, etc. The work is a very handsome royal 8 vo. volume. It is beautifully printed on paper of the finest quality. It contains the most important tables of bacilli, micrococi, leucomaines, ptomaines, etc., the whole forming the most complete, reliable, and valuable Dictionary in the market. We have used the book most frequently and always found it concise in its explanations, perfect and satisfactory in every respect. We know of no greater praise for any book than its every day usefulness, and we feel sure that none will be of greater help than this one. It contains the names of hundreds of new words now being adopted, and at the same time leaves out numerous *obsolete terms* contained in most dictionaries, making the book most convenient for ready references. We heartily recommend it to all our readers.

A TREATISE ON MASSAGE, Theoretical and Practical; its History, Mode of Application and Effects, Indications and Contra-Indications, with results in over fifteen hundred cases, by DOUGLAS GRAHAM, M. D., Fellow of the Massachusetts Medical Society; member of the Alumni Association of Jefferson Medical College, of the American Medical Association, of the British Medical Association, &c. J. H. Chambers & Co., St. Louis, Mo. Price, \$5.00 Cloth, \$6.00 Leather, net.

The subject of massage, which to the profession of to-day is new and attracting great attention, yet in reading the opening history

of massage in this book we see 'twas employed as a great remedial agent long years ago by the most renowned and ancient physicians and statesmen. Among the old Greek and Romans massage in some primitive form was extensively used by people of widely different classes, from the patricians, the wealthy, and the learned downward to poor, decrepit slaves. While it has appeared under many different titles, yet massage in some form has always been practiced and we hope since the recently written books on the subject that it will receive its deserved merits. This book is a typographical beauty, giving a complete history of massage, the different methods of practicing in ancient and modern times. The chapter on physiological effects of massage should be read by every physician. The book gives, under different chapters, the distinct diseases to which massage is beneficial and the proper way of applying it. The appendix contains much useful matter which is not usually found in such works. That massage for the past ten years has been rapidly gaining ground cannot be denied, and as the literature upon the subject, with its remarkable beneficial effects, is given to the profession, it will in the coming years rank among the first as remedial agents.

BOOK ON THE PHYSICIAN HIMSELF, and Things that Concern his Reputation and Success, by D. W. CATHELL, M. D. New Tenth Edition (Author's Last Revision.) Thoroughly revised, enlarged, and rewritten. In one handsome Royal Octavo volume. 348 pages. Bound in Extra Cloth. Price, post-paid, \$2.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1251 Filbert Street.

Scarcely is the reviewer's table presented with a book more readable than the one above. There is an indefinable charm in the book. It is difficult to tell exactly the reason why, but somehow the book takes hold of one. We become deeply interested, and read on and on, and cannot stop until the end is reached. Of course one reason for its occult power is that it is written with admirable grace and precision, besides presenting the ups and downs of a physician's life in such a natural and perfect way. 'Tis a very handsome book, large, readable type, excellently printed. It gives a true history of a physician's life from the young graduate, as he steps out upon the arena of life with diploma in one hand and saddle bags in the other, to the old patriarch, who by his energetic labors has retired from the busy haunts of the medical world. The book will help any one who will read it. It tells you how to begin practice; leads you into medical ethics properly, and carefully

studied the pages of this book will be of great benefit to the young and old.

ESSENTIALS OF MEDICAL DIAGNOSIS, arranged in the form of questions and answers, prepared especially for students of medicine, by SOLOMON SOLIS. COHEN, M. D., Professor of Clinical Medicine and Applied Therapeutics in the Philadelphia Polyclinic; one of the Physicians to the Philadelphia Hospital, etc., and AUGUSTUS A. ESHNER, M. D., Instructor in Clinical Medicine in Jefferson Medical College and in the Philadelphia Polyclinic; Register in the Neurological Department of the Philadelphia Hospital, etc. Philadelphia, W. B. Saunders, 913 Walnut St. Price, \$1.50 net.

The author of this book states in the preface that it is not intended to be used to the exclusion of standard and more elaborate works. However, for the student's use 'tis reliable and will be of great help. The introduction is short and precise, giving in an interesting way the different methods of making a diagnosis. The book has been written especially for students and everything has been sacrificed to accuracy and brevity. The opening chapter which discusses the different fevers, as well as other chapters, is systematically and conveniently arranged for ready reference. The book should meet a popular demand. A nice index closes the volume.

Now in Preparation.

A MANUAL OF PRACTICE OF MEDICINE, by A. A. STEVENS, A. M., M. D., Instructor of Physical Diagnosis in the University of Pennsylvania, specially intended for students preparing for graduation and hospital examinations. W. B. Saunders, publisher, 913 Walnut Street, Philadelphia, Pa. Ready about Sept. 1, 1892.

This work will be divided into the following sections: General diseases; diseases of the digestive organs; diseases of the respiratory system; diseases of the circulatory system; diseases of the nervous system; diseases of the blood; diseases of the kidneys; diseases of the skin. Each section will be prefaced by a chapter on general symptomatology. Numerous illustrations and selected formulæ.

New Journal.

The American Theapist has been received at our table. 'Tis a neat, nicely printed Journal. We wish it success.

Yale College will next fall open its doors to students regardless of sex; its object being to admit graduates of "female colleges" and give them as good opportunities as could be found in Europe. This is the first of our great universities to make this change.

Selections.

Notice.

The Quiz class conducted by Dr. Joseph Collins, of New York, will organize for its winter's work on October 1st, 1892.

Students prepared for their college, hospital, and State examinations. An average of 50 per cent. of the members of this quiz class are successful in securing hospital appointments.

Preparation for the positions in the Army, Navy, and Marine services a specialty.

A general direction of a student's studies from the beginning will be assumed when desired. Students beginning the study of medicine can, for a small extra charge, sign under Dr. Collins as their preceptor, and have all responsibilities assumed. Frequently young men coming to New York to study medicine waste a good portion of their first year by not knowing what to do and how to go about it. An experienced quiz master obviates this.

The class has always been composed of Southern men and references can be made to physicians in almost every State of the South. Correspondence solicited.

Address, DR. JOSEPH COLLINS,
153 Lexington Ave., New York City.

Death by Leeches.

Apropos of our recent paragraph on an attempted suicide by applying leeches all over the body, the *Lancet* for July 30th reports the case of an invalid who went out for a walk at Vallombrosa in the Apennines, and for whom, as he did not return in due season, search was made. He was found in a pit, into which he had fallen, literally covered by leeches. The loss of blood was so great that he died in three days.

The Court of Appeals of Kentucky has recently decided that syphilis, pleaded in answer to an action to recover damages for breach of promise of marriage, is a complete defence, following the decision of the Supreme Court of the State of North Carolina, in which the same defence was interposed and sustained in a similar action.—*Weekly Medical Review*.

Substitution and its Attendant Evils.

BY JOHN AULDE, M. D., OF PHILADELPHIA, PA.

*(Published by The Journal of The American Medical Association, Chicago, Ill.,
December 8th, 1891.)*

The evils attendant upon substitution and sophistication of remedial agents have long been surmised; they have not, however, until recently, received attention at the hands of the medical profession. Increased diagnostic skill, along with greatly improved facilities for the manufacture of medicaments, favor an approach toward mathematical exactness in computing therapeutic results. When these are wanting we challenge the character of the remedy. The question which presents itself is: Has our patient received the true medicament of a base counterfeit? However attractive in theory, it will be found impractical for the medical profession to drift away from the pharmacists, and it should be our aim to reward the faithful and bring the guilty to punishment. The friendly bond between the two professions should be honesty, as neither can afford to work independently; there is an interdependence which makes them mutually helpful.

It is said of Lawson Tait, that he has returned to first principles, and carries a mill with him, so that when ergot is needed, he prepares it fresh with his own hand. The reliable character of Squibb's ether has been maintained through his business sagacity in having it prepared chemically pure and distributed all over the world in sealed cans, thus precluding the possibility of sophistication or substitution.

The life of a patient suffering from rheumatism may depend upon his being supplied with sodium salicylate prepared by a combination of Merck's chemically pure bicarbonate of soda and true salicylic acid obtained from oil of wintergreen, and yet few pharmacists, even in large cities, pretend to keep either in stock. They are the exception in Philadelphia, and doubtless the same is true of other cities.

Some years ago Dr. Squibb, of Brooklyn, set his seal on Marchand's peroxide of hydrogen, by endorsing its character and defending its merits as the most powerful and yet harmless bactericide which could be employed in the treatment of various formidable and fatal diseases. Dr. Robert T. Morris, Dr. Paul Gibier,

and other well known authorities have corroborated his statements from clinical observation, and as a consequence, a revolution has taken place in our methods of treatment in both medical and surgical practice. The efficacy of this simple remedy, its innocuousness and extended field of application, have shed a flood of light upon modern therapeutics, but at the same time there has followed in its train a host of worthless imitations.

The substitution of the commercial for the medicinal peroxide is calculated to work serious injury and destroy our confidence in a most potent remedy. In the treatment of diphtheria, for example, the commercial product is positively harmful. When death results, shall we blame the attending physician or the unscrupulous druggist who substitutes a base imitation for the genuine product? And still, pharmacists who claim to be respectable, do not hesitate to trifle thus with human life. Is it any wonder then, that our mortality percentages are on the wrong side?

Cascara sagrada has been counterfeited and sophisticated until it is almost impossible to secure a reliable preparation of this most useful medicament, although Parke, Davis & Co., the pioneers in its introduction, have adopted every means in their power for the protection of the medical profession. Antipyrin, a patented preparation, has met with phenomenal sales, and possesses distinct therapeutic properties, and as a result, imitations and substitutes are offered to take its place in medical practice. Whether these imitations are better or worse than the original product, I do not care to discuss; neither is it for the druggist to decide. The decision here, as to any special remedy or preparation, rests entirely with the physician, as he alone is responsible for the condition of his patient; no one else, not even the druggist, should be permitted to interfere with his directions. Substitution is an evil which should be guarded against; it is an evil which must be eradicated, or the entire medical structure will collapse. It is a duty we owe to ourselves and to our patients to look after this unnatural condition of affairs in which we are so vitally interested, and the time is near at hand when a systematic effort must be made with a view to accomplish the desired end.

This subject is commended to the attention of the American Medical Association, with the suggestion that a committee be appointed who shall recommend suitable measures for the protection

of the medical profession from the evils of substitution and sophistication on the part of unscrupulous pharmacists. Shall we have a "list?"

4719 Frankfort Avenue.

A Jury Lays the Blame on God.

The brig "Emily Reynolds" was wrecked on the coast of Massachusetts last year. An action was brought by the owners to recover the insurance, in the New York Supreme Court, which was tried before Justice Barrett and a jury.

The brig was wrecked on a bright, clear day in summer. The captain of a tug boat saw that the brig was drifting upon the rocks and that she was not answering her helm. He called to the captain of the brig that his rudder-post was broken and that he had better throw out a hawser and be towed into the nearest port. Captain Hayes, of the brig, answered: "You go straight to —, I'm bound for Baltimore and don't want to be taken into any port hereabouts." The witness, the tug's captain, said it was his opinion Captain Hayes was drunk at the time.

Captain Hayes went upon the witness stand and denied that he was drunk, but admitted that he did not know what he was doing or saying, as he had taken fifteen grains of quinine for a malarial complaint, and it rendered him almost unconscious. He insisted that, as the quinine and his illness had taken away his senses, it was by the act of God that the vessel was wrecked! "It would have been an act of mutiny on the part of the mate to have taken charge of the vessel while I insisted upon doing so myself," exclaimed Captain Hayes.

The jury brought in a verdict in accordance with the captain's testimony. A remarkable conclusion to arrive at; but who ever heard of a jury failing to find against an insurance company? —*Medical Times*.

Married Doctors not Wanted.

A recent number of the *Union Medicate* contains the announcement that a physician is urgently needed in Yonne, and it is added that he must be between thirty and forty years old and either a widower or bachelor. We presume the inference is reasonable that marriageable ladies abound in Yonne.

The Vacation Problem.

"To skip, or not to skip;" that is the problem. Whether 'tis better in the town to suffer the heat and swelter of the month of August, or to take a gripsack in the hand and migrate to mountain climes where blows the cooling breeze, where nestling lakes and roaring, leaping torrents, where peaks, high-towering toward the azure sky, persuade to daily tramps and nightly slumbers; or to the seashore, where the roar of surges, breaking in foam upon the sloping beach, dotted with children building sandy castles, invites to gambols in the rolling waves. To fish, to sail, to strive in tennis matches, or trip the light fantastic toe in mazy dance; to drive, when the tide is out, along the sea beach, and watch the moon set in the troubled sea. These are the visions that flit through our brain-cells, the centres that preside o'er thoughts of fantasy.

But from those brain-cells which are taught by science there come forth images that give us pause—the clustered rods of the typhoid bacillus, lurking in myriads in the hotel well, borne in the seepage from the neighboring cess-pool; the organisms which thrive in dysentery, each form perhaps more toxic than the other, and with them mixed the germs of common sepsis, to sap the strength of an unwary host. Coiled on the mountain sleeps the deadly rattler, with lethal dose for hypodermic use, and at the seaside in the bathing garments, hired to the guest for temporary wear, there hide the active germs of grave infections—of eczema, chancroid and syphilis—ready to fasten on the fretted skin.

These apparitions of uncertain evil puzzle our wills, and make us rather bear the city trials so familiar to us, than fly to others which mayhap are worse. Thus science doth make cowards of us all; and expeditions which in youth we longed for are put away without a thought of sadness. We go about the daily round of duties, perspire enough to keep our bodies cool, and take the dusty streets and muddy water with which the city fathers furnish us as things to which we are now quite accustomed, to which through long exposure we are made immune.—*Maryland Medical Journal*.

"Robinson's lime juice and pepsin" is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. See remarks on their Arom. Fluid Pepsin also.

The Medical Fortnightly—Another Locked-out Medical College.

To the Editor of the Medical Fortnightly:

DEAR DOCTOR :—At the regular meeting of the Illinois State Board of Health, held in the City of Chicago, on the 27th ult., that body rendered a decision against the Toledo Medical College, of this city, and placed it upon the list of colleges not in good standing, for the purposes of the Illinois Medical-Practice Act. This is the result of the crooked work done by the school during the last session, in which half of the class was graduated illegally. Diplomas were given out so recklessly, and at such a variance with the published requirements, and professional fidelity, as to render the institution little short of a diploma mill. With characteristic vehemence the Illinois Board has come down upon this educational parasite by refusing to recognize the diplomas granted during the last session, as well as those issued hereafter. The following extract from the published minutes of the above meeting will speak for itself: "Upon a review of the testimony pro and con, in the case of the Toledo Medical College, of Toledo, Ohio, it is ordered that any diploma of that institution issued subsequently to the session of 1891 will not be received as a basis for the State Certificate entitling the holder to practice in the State of Illinois." And that "the presenting of such diploma must be supplemented by an examination before the Board of the graduate presenting the same, and that the Secretary is hereby entrusted to notify the secretary of the College of this ruling." The daily press of this city is deserving of great credit in exposing the fraudulent working of the College, among which we desire to especially mention the Toledo Daily Blade. On many occasions the press of Toledo published accounts of the vile work of the last year. It is hoped that the medical press will be no less vigilant in their efforts to exterminate medical colleges of this class. A medical college should do honorable work or be compelled to cease its existence. We are, with best wishes, very cordially yours,

THE TOLEDO MEDICAL COMPEND,

H. G. BLAINE, M. D.

We add our voice in praise of the continued vigilance of the State Board of Health of Illinois, in its efforts to raise and maintain at

a high grade the standard of medical education. We would suggest that it keep a wary eye on certain colleges which, though announcing in their catalogues a compulsory three-year course, will graduate, "under certain conditions," two-year students. Many avenues for such nefarious action are open to those who are not conscientious and voluntary supporters of the three-term requirement.

ED. MEDICAL. FORTNIGHTLY.

A hopeful view is that taken by the Fort Wayne Journal of Medical Sciences when it says: It is estimated that the medical colleges of this country have graduated over five thousand students this year, and some of the medical men are becoming very much alarmed and fear that there is an "over production," but we should remember that we have over sixty millions of a population, with a constant increase, so that we require a large number of medical men. During the prevailing epidemic the past winter many of the medical men were overworked, and in this city we did not have any more physicians than were needed. Let the medical colleges be careful as to the qualifications of their graduates, but we require a large number to take the places of many thousands who drop out of the profession every year. Some by death, others abandon the profession and engage in other pursuits and in various ways the ranks of the profession are depleted every year. And then, the great increase of population demands more medical men.

Again, the rapid development of the country, with the increase of railroads and manufacturing establishments, greatly increase the accidental work of the surgeon, and many more able men are required to look after the injured.

"Which side should I sleep on, doctor?" he inquired. "In summer or winter?" asked the doctor, rubbing his chin thoughtfully. "What's that got to do with it?" exclaimed the patient, half angrily. "A great deal," responded the doctor, mysteriously. "I don't see it." "Of course you don't," said the imperturbable; "If you did, you wouldn't be here asking about it" "Go ahead, then," said the patient, sitting back resignedly. "Well," continued the doctor, "In winter, when it is cold, you should sleep on the inside; but in such weather as this, you should sleep outside, in a hammock with a draught all around it, and a piece of ice for a pillow. Two dollars, please."

Preachers and Medical Ethics.

Preachers and Medical Ethics do not seem to make a harmonious combination at all times. Says the Times and Register: There is one class of men, however, who will not learn wisdom even by experience—the religious newspaper men and the certificate-dispensing preachers. Now there is not a very large proportion of the clerical profession given to certificate writing—not more, perhaps, than one per cent., and not the most reputable portion of the profession either. Yet, there are quite enough by their loudness and bold obtrusiveness to bring reproach upon the profession to which they belong. The manner in which we can induce them to do better is not to abuse them for what they do in their ignorance, but try to show them, patiently, the better way.

The preacher will boldly give a certificate for a medicine, of the composition of which he knows nothing, upon the observation of a single case, of extremely doubtful diagnosis; while the scientific physician will hesitate to give more than a report favoring further trial and observation, even after having favorable results with a known drug in a hundred cases accurately diagnosed. A clear example that “fools rush in where angels fear to tread.”

We have seen a conspicuous example recently of a preacher betraying his people into the hands of a charlatan, when a much advertised Brooklyn preacher introduced into his own pulpit a much advertised doctor of secret methods for the purpose of further advertisement of both of them. We think that, for once, there “were two of a kind” in that pulpit—the quack preacher and the quack doctor. They were well matched—brothers as it were. We always estimated that preacher as a sensational mountebank, and this gives but another proof of our views. By so grossly violating the instinctive sense of propriety and regard for truth possessed by the best class of minds, he is injuring the cause, for which he himself stands, far more than the most candid, outspoken infidel can do.—*Medical Review.*

Charles Marchand's Peroxide of Hydrogen (medicinal) is not equaled by that of any manufactured.

W. H. Schieffelin & Co. manufacture a line of preparations which are unsurpassed for their purity and general excellency.

The Sanitarium of Dr. Joseph Taber Johnson at Washington City, whose advertisement appears in our columns, is one of the most palatial in this country. The building, appliances and every appointment are of the very best class, and far superior to other hospitals in many respects. Dr. Johnson is a man of great energy and skill, and no invalid could find a better place for rest and treatment.

The Ale and Beef Company have moved their headquarters from Dayton, Ohio, to 267 West 17th Street, New York City. Owing to the success of Ale and Beef, the company wisely concluded to establish headquarters in the metropolis, where with increased facilities they can handle to a better advantage, the needs of their increasing business.

Dr. Selden H. Talcott of the Hahnemannian insane-hospital at Middletown, New York, accounted for the pregnancy of one of his patients by theory that the pregnancy was a protracted one three years in length. The inventive stupidity of this claim has been out done in a case now on trial in an Italian court. An Italian nobleman returned from travels of four years duration to find his wife the mother of a two-year-old child. The mother claims she was visited by her husband's "astral body" during his absence, whence the child.

Syphilis and Pregnancy.

Augagneur believes that the local treatment of syphilis in pregnancy is of the greatest importance. Free antiseptic disinfection with sublimate, boric acid, etc., should be used at first; but these solutions should not be applied too freely or too long. The humidity of the parts in pregnancy may cause accidents. Hypertrophic lesions of the vulva must be carefully treated. Thus condylomata should be freely and frequently dusted with powdered boric acid, filling up all fissures and folds with the powder. The best powder, to keep the growths thoroughly dry and thus to cause their atrophy, is made of ten parts boracic acid to twenty parts of powdered talc. This compound is almost impalpable, non-irritant, antiseptic and very adherent. Without careful treatment condylomata grow quickly in pregnancy and may cause grave complications.—*Exchange*.

The preparation of Hypno-Bromic Compound, prepared by Wompole is one of the best hypnotics on the market. 'Tis reliable and pleasant to take, always producing happy results.

The Man with a Musical Anus.

Some four or five years ago M. Verneuil exhibited to his class in Paris a case of what he facetiously denominated "musical anus." The patient was able at times, when sufficient flatus had accumulated in his colon, to evacuate it with some force thereby producing a high pitched musical note resembling that of a violin. On close examination he was found to have, in the cellular tissue about the lower end of the rectum, a pneumatocele, with an opening into it from the rectum, formed by a narrow slit between the two thin folds of mucous membrane, which, acting like a reed, produced the sound when the air was expelled from the tumor by forcible pressure from above. Numerous cases of fistula and other deformities of the anus have been seen in which the expulsion of gas from the bowel was accompanied by a peculiar sound, some, perhaps, musical to enthusiastic observers. But in all these cases there has been some deformity or malformation of the rectum or anus. Dr. Baudouin, however, has lately reported, in the *Semaine Medicale*, a case that may with justice be called one of musical anus, and one that is of much interest from a physiological point of view. The patient, or rather the exhibitor, is a man, aged thirty, well developed, but without muscular excesses, tall, of full weight, and, so far as can be made out, entirely free from any disease or deformity. His digestion is good, and he does not develop an unusual quantity of gas in the bowel after eating. There is no pyrosis or abdominal tympanites. His fecal passages are normal, regular, and well moulded. The anus and rectum, in a state of repose, present nothing abnormal. The sphincter is moderately strong, but quite distensible, notwithstanding its daily exercise. The rectum is normal and not dilated. The remarkable feature of the case is that the lower bowel, at least, seems to be absolutely under the control of the man's will. He can empty it completely whenever he desires, a very fortunate accomplishment for his clothing and for the olfactories of his audiences. He was reared on the shores of the Mediterranean, and it was here that he first

noticed his remarkable power. While bathing one day he observed, upon strong inspiration, the sensation of cold in his pelvis and abdomen, and at the same time felt the sea-water entering his rectum. In a short time he was compelled to empty his bowel, and noticed that he had taken in a much larger quantity than he had supposed. By practice in the ordinary bath and in the sea, he became able to store a considerable quantity of water, to retain it for some time, and to eject it with much greater force than at first. Later on he noticed that he could accumulate air in his bowel, as well as water, and by its expulsion could give rise to certain variations of sound. Applauded by his associates, who acknowledged his superiority in this class of exercise, he eventually developed the faculty beyond measure, and frequently gave exhibitions of his art before a select circle of his friends. From these reunions he began to exhibit his powers in the clubs and cafes, until he became the best known and greatest curiosity of the place. As his reputation spread he made journeys to the surrounding towns and villages, Beziers, Nimes, Toulouse, and Bordeaux. At the latter place he was examined by many of the medical faculty, and it was found that he really could imitate certain musical instruments and emit certain popular melodies.—*New York Medical Journal*.

Chloroform in Typhoid Fever.

Dr. Werner (Medical Brief) has treated 130 cases of typhoid fever with drachm doses of a one per cent. solution of chloroform. The results are stated to be very satisfactory. This is in accordance with the now well recognized germicidal action of chloroform on the typhoid bacillus first noted experimentally by Behring. Drachm doses of the above solution every two hours, continued after subsidence of the fever, diminishes the severity of the symptoms and reduces the liability of a relapse.

The day is passed when upon dietetic and medicinal grounds there is any indispensable call for the moderate or habitual use of alcoholic beverages. In the midst of the various alcohols and of all the manufactured and concocted mixtures which are now sold, as if they were the real and pure products of the grape or of alcoholic distillation, we have better-known tonics and nutrients which effectually take their places, except to those who wish them as pleasure giving drinks.—*Dr. Hunt*.

Abstracts.

Study and Practice.

While common sense is an absolute necessity for any profession or vocation, I know of no one where it is more necessary or important than in the study and practice of medicine. If I were asked to define the term common sense, it might be difficult ; but it will be sufficient for our purpose, at this time, to say it consists in applying rational, simple rules of construction to the various theories of medical science, adopting and practicing what can be measured by such rules, and rejecting those that are at plain variance and antagonism with them.—*Boston Med. and Surg. Journal.*

The Sale of Laudanum.

A correspondent of the Hosp. Gaz , in calling attention to the utter absence of any restriction on the sale of laudanum in England, very judiciously suggests that before calling on heaven and earth to prohibit the sale of opium to the Chinese, the good people who are so anxious to safeguard celestial mortality would do well to bring about a change in the law at home. As matters stand the retail chemist is under no obligation to inquire the destination of even large quantities of laudanum, and the consequence is that deaths from narcotic poisoning—accidental or otherwise—are of almost daily occurrence. Let us take the beam out of our own eye before soliciting permission to remove the mote from our neighbors' optics, the more so as the neighbor in question objects to and repudiates our interference.

The Range of Medical Investigation.

The range of medical investigation says Dr. H. Brown is so wide, and its practice so laborious and exacting, that the life of the physician is one of almost constant study and drudgery. One who conscientiously devotes himself to duty has little time or opportunity to cultivate even the social and literary pursuits which, by widening his field of culture and practical observation, might increase his professional usefulness. The exercise of our profession impose constant toil and self-abnegation ; but to the true phy-

sician there are also the constant excitement, activity, and enthusiasm of acquiring knowledge and of applying it to the relief of human suffering. If performed in the right spirit, there is no nobler offering on any of earth's altars than the unpurchased service of the medical priesthood.

The sick man's faltered blessing reaches Heaven through the battered roof of a poor man's cabin even sooner, it may be, than any *Te Deum* which ever echoed through the arches of vast cathedrals.

It has been said, with exact and literal truth, that the characteristic virtue of the medical profession is charity. Where, in all the circuit of the sun, is the garret or the cellar which its messengers do not penetrate, ready in the cause of humanity to be servants of servants? What district smitten by pestilence was ever known which its heroes have not braved in their missions of mercy?

Our aim, however we may fall short of it, is beneficence, to relieve human sufferings, to prolong human life. Our study is truth—the glorious truth of nature as revealed in her highest, best, and finished creation.

We do not seek her merely with the devotion of the abstract enthusiast, nor for her own sake alone, nor for our own selfish advancement alone, but for that knowledge which is power, and for that power which works good for our fellow men.—*Medical Review*.

Crumbs.

The following is from the *St. Joseph Medical Herald*: The average length of human life, usually called a generation, is said to be getting longer. The present lives longer than the preceding generation, and it may be expected that the next will be in advance of this. Some force is operating to effect this. This fact is incredible if much that we hear of some things be true. It seems almost a miracle that we live at all in the presence of enemies which come in armies against us from every point of the compass, and from every form and kind of ambush. If we are to believe the stories that are told of these enemies, life would be made miserable by fear, and this constant dread would make it short. We breathe them, eat them, and drink them. If we could see them as we can the eels in vinegar, we should be afraid to breathe, drink, or eat. We want our vinegar filtered, not that we

fear what these eels may do us, but simply because we do not fancy such a snake-like diet. Moreover, these enemies become entangled in the hair on our heads and faces, and hence it is advised that men should shave the face. It is not advised in respect to the hair of the head, for that would make us all, men, women and children, bald-heads. Nor has it been advised as respects clothing, for none of us have the innocence of Eden. But the veto has reached our pets. It is estimated that more disease-germs invade our homes hidden away in the hirsute covering of our dogs than in any other one way. If by dogs, then by cats, and fine stock of every kind, whose coats are kept sleek by grooming. Yet, strange to say, stables are not particularly unhealthy places. The grooming of horses does not kill one where grinding saws kills thousands; yet in the former case disease-germs are abundant, and in the latter not one can be found. Whence comes tuberculosis in saw grinders? There is a "screw loose somewhere," either in the savant's head or his "facts." We take the side of the "head;" we never jostle against facts. We respect the integrity of our own head for that.

Prof. Da Costa Retires from Jefferson Medical College.

The Philadelphia *Medical News* announces that Prof. Da Costa will not again take part in the clinical lectures at Jefferson Medical College. When Dr. Da Costa resigned from the Chair of the Practice of Medicine, he was made by the action of the Board of Trustees Emeritus Professor in the department that he had for so many years conducted with such signal ability and distinction, and upon the invitation of the Faculty he delivered his usual course of clinical lectures last winter. Dr. Da Costa has now withdrawn from all practical teaching connection with Jefferson College. He will, however, continue as Visiting Physician to the Pennsylvania Hospital, and in connection therewith will deliver the usual course of clinical lectures.

Dr. Da Costa's professional and literary work has been for many years so exacting that his many admirers have wondered that he could endure the strain of it.

That his loss will be deeply regretted by the students of Jefferson and all who have followed his teaching there goes without saying.—*Medical Age*.

PROSTITUTION is said by Dr. Mary E. Allen to be encouraged by writers and teachers of medicine, when they urge upon others the view that it must exist, and that promiscuous sexual intercourse is necessary for health. She says that the public at large looks to the graduate in medicine to teach them what is right and what is wrong in regard to the care of their bodies and the indulgence of their passions ; and when our young men go out of their college life with their minds poisoned with the teaching that prostitution is right and proper, and with vulgar ideas in regard to women, which they have imbibed from the vulgar jokes indulged in by professors in regard to women and the sexual relation, how can one expect that they will teach high-toned morals to men of the world ?

Now this sort of thing is going on in nearly all the medical colleges where young men are taught. In nearly every one professors are to be found who urge the young men into houses of prostitution by holding up the necessity of such places. And many in the ranks of those who teach diseases of women, are not ashamed to indulge in vulgar speech and insinuations that tend to instil into the receptive mind of many a future doctor a contempt for woman that taints the whole of his after life. When, as often happens, the man who thus debases himself is brilliant in his branch and taking in his manners, the more demoralizing is his influence among the students.—*Exchange*.

BRUTALITY as exhibited by the Militia Surgeons in the Homestead affair is commented upon by the *Journal of the American Medical Association* which states that nowhere can it be claimed that it is ever within the scope of their professional duties to be a party to brutality. Military medical officers are appointed as professional men for the purpose of exercising their profession, and in the exercise of that profession they are not subject to the orders of the line officers. What medical man would carry out a line of treatment in a given case because ordered to do so by his superior officer in the line ? If the colonel had ordered these medical men to cut off the leg of Private Iams, no doubt they would have refused, because it would have encroached upon their medical functions. By what process of reasoning these surgeons determined that the colonel's orders had been complied with when the

unfortunate man's pulse reached 120, it is hard to see. Why did they not order him down when his pulse reached 100? Or when it began to rise above normal? Or better yet, why did they not let the colonel himself decide when the punishment was complete, and step in to extend relief so far as they could?

Suppose they had blundered, and let the man hang up so long as to end his life, who would have been guilty of the murder, they or the colonel? We care not what military law may be, it was the duty of these surgeons as medical men to refuse to carry out the orders of the colonel, to tender their resignations on the spot if necessary, or even to suffer punishment for insubordination.

In their action, if it be correctly reported, the profession has been outraged.—*Medical Review*.

The Ideal Family Physician.

The Hon. Thomas F. Bayard recently addressed the class at one of the medical colleges in Baltimore, having for his theme "The Lawyer and the Doctor." It has been his fortune, he says, to be thrown in contact with not a few medical men who have been "as the salt of the earth" in their respective communities. A man who is already eminent by reason of his natural endowments may be said to double his talent by becoming a physician. "It has been my personal fortune," says Mr. Bayard, "to know such a man. It has been my privilege and delight to accompany him in visits where his only medicines were the personal presence and conversation of the man himself. He had shared and had lessened their anxieties; counseled the wayward; cheered the weak-hearted; had rejoiced with them that rejoiced and wept with the weeping. And I have seen such a man so surrounded by an atmosphere of love and trust, holding as it were the heartstrings of a family in his hands, their guide, philosopher and friend; and then I realized what a moral force in society the profession, properly comprehended and properly followed, was capable of exerting, and how relatively small a part of its usefulness was the administration of medicine."—*N. Y. Medical Journal*.

The Drunkard.

The sight of a drunkard is a better sermon against that vice than the best that was ever preached upon the subject.—*Saville*.

Doctor vs. Priest.

The Medical Record editorially comments on a case of post-partum hemorrhage in which a doctor was asked by a priest to desist from his labors to save the patient's life, in order that the spiritual adviser might administer the rites of the church. The physician, regarding the case critical, refused to comply, and continued his efforts in behalf of the patient until the hemorrhage was checked. The priest on the following Sunday denounced the doctor's action to the congregation and advised them to employ catholic physicians only. The Record justly says the doctor was right.—*Medical Brief*.

A Just Criticism.

Physicians do not write, is the general cry of those who desire to see them come to the front. As the California Medical Journal very justly observes, there seems to be a misconception, on the part of the profession in general, on the subject of writing for medical journals. The average practitioner seems to think that none but the editors of the journals or one who is a teacher in some medical college could or should write an article for the perusal and criticism of the general profession; nor lay down theories and laws to govern others. Poor indeed is the physician who dare not get out of the beaten paths, and may be ruts, of his predecessors, be they his teachers in the college he has attended, or the authors of his text books. Can he blindly follow any of these and be successful? No! Then if he dare differ with them in his theories and practice, why not go on record as differing with his own confreres? This would be a slow world if we all believed and did the same. How did our teachers gain their present status of knowledge and success? Was it not by observation and experience, and by profiting by the experience of others? Can't you do likewise? You have not only your teacher's knowledge to build upon, but also that of their predecessors; hence your advantages are greater than those of many professors in our colleges, and you could teach them many wholesome lessons, that you have never been taught, but learned by experience, in general practice. Hence you do yourselves and the progress of medical science an injustice in not contributing to the literature of the profession.—*Exchange*.

“Golden Gems of Goodell.”

These, recently enunciated, should be printed in large type and placed prominently before the eyes of every doctor in the sacred sanctum wherein he mostly pursues his studies. They are as follows, viz :

First, always bear in mind “women have some organs outside of the pelvis.”

Second, each neurotic case will have a tale of fret or grief, of cark and care, of wear and tear.

Third, scant or delayed or suppressed menstruation is far more frequently the result of nerve exhaustion than of uterine disease.

Fourth, antelexion is not *per se* a pathological condition. It is so when associated with sterility or painful menstruation and only then does it need treatment.

Fifth, an irritable bladder is more often a nerve symptom than a uterine one.

Sixth, in a large number of cases of supposed or actual uterine disease which displays marked gastric disturbance, if the tongue be clean the essential disease will be found to be neurotic, and must be treated as such.

Seventh, almost every supposed uterine case, characterized by excess of sensibility and scantiness of will power, is essentially a neurosis.

Eighth, in the vast majority of cases in which a woman takes to bed and stays there indefinitely, from some supposed uterine lesion, she is bedridden from her brain, and not from her womb.

Lastly, uterine symptoms are not always present in case of uterine disease, nor when present, even urgent, do they necessarily come from uterine disease, for they may be merely nerve counterfeits of uterine disease.—*Atlanta Medical and Surgical Journal*.

Inebriety.

How many drunkards have had habits of inebriety inculcated in them through a physician's prescription ?

This is a terrible question, but it must be asked in order to receive the consideration it merits. There are many physicians, good men and well posted too, who, when asked for advice by patients who suffer from a general sense of prostration and tire,

tell them to take a glass of old port with each meal, or an occasional glass of ale, stout, beer, or some of the other numerous alcoholic beverages upon the market. This advice may be pleasant to give and to take, but in many instances it is the first step upon the downward path so difficult to retrace.

The sense of glowing warmth and intellectual brilliancy that alcohol momentarily produces is very fascinating, but it is produced at the cost of an enormous expenditure of vital force, for alcohol is a potent and deadly nerve poison, blunting the finer faculties, impairing all the bodily functions, and surely hastening death.

As physicians, whose chief aim and object is to heal the sick and promote longevity, we should cast off all share of the responsibility of the production of drunkards, and teach far and wide the lethal effects produced by this terrible drug.—*Medical Brief.*

Dr. Hunter McGuire, of Richmond, Va., was elected President of the American Medical Association, at Detroit, to serve for the ensuing year. This honor could not easily have fallen upon more competent shoulders or to the hands of a more popular man. Dr. McGuire has a strong following of friends throughout the South and Southwest that are only warmer in their admiration than those of the North and Northeast, because they are nearer to him geographically. The hearts of all, whether residing North, South, East or West, are equally warm in their manifestations of approval of Dr. McGuire's election.

Indecision.

Indecision is a very grave defect (*Amer. Lancet*) in the life of any person, but it is especially so in the life of a doctor. Prompt decision after the facts have all been considered is imperative for any satisfactory career. The causes of indecision are numerous, and its varieties equally so. In some it springs from knowledge so extensive as to impress its possessor with the dangers that may follow a certain line of action, and yet so limited as to deprive its possessor of the confidence that he has all the knowledge of practical value. He knows too much to possess the confidence of the ignorant, and too little to secure that of the wise. Hence it is impossible for him to act with decision.

Another class of persons are unable by organization to reject the

unessential and rapidly mass the essential as a basis of action. One individual of the writer's acquaintance could speak and write with facility seven languages ; all the sciences were within his grasp ; the arts were his familiar friends ; every branch of medicine found a congenial home in his wonderful brain ; he was master of the ways of society, but he was unable to select from this mass of facts the proper course of management of a case of measles. He could not decide upon anything because of the manifold things that had been prescribed in the books for this trouble.

Slow Pulse.

Among the causes of slow pulse Dr. D. W. Prentiss, in the Doctor's Weekly, enumerates the following, saying that the causes which produce slow pulse may be classified as follows :

1. Diseases or injuries to the nerve centers, producing either irritation of the pneumogastric or paralysis of the sympathetic (accelerator) nerves of the heart.

2. Diseases or injury of pneumogastric nerve, increasing its irritability.

3. Diseases or injury of the sympathetic nerves of the heart, paralyzing them.

4. Disease of cardiac ganglia, by which the influence of pneumogastric nerve preponderates.

5. Diseases of the heart muscle (degeneration), whereby it fails to respond to the normal stimulus.

6. The action of poisons, as lead or tobacco, either on nerve endings or centers. The poison generated in salt fish.

Also the poison of certain febrile diseases, as pernicious fever.

Another possibility is *malarial poisoning*.

Early Rising not Always a Virtue.

Says *Harper's Bazar* : "Thousands of people have no choice whatever about their hour of rising in the morning. Later or earlier, that hour is fixed for them by the requirements of the office, the shop or the class-room ; by the time-table of the railroad ; by the arbitration of their employers or the necessities of their employes. But in the cases manifold where personal liberty *is* enjoyed it should not be thoughtlessly restricted simply because

of the domestic tradition that early rising deserves praise and late rising blame. Breakfast may often be a movable feast without materially disturbing the routine of an orderly housekeeping day. Invalids, mothers whose rest has been broken by teething babies, and, above all, rapidly growing children, should have their sleep out. Nature demands this, and violence is done to her when sleepy people are rudely aroused from their beds. Early to bed is the single safe prescription to insure early to rise.

"We need to repeat it over and over to our hurrying, anxious, toiling American men and women: Rest, rest, and again rest. Do not think time ill spent that is spent in repairing the ravages of our well-nigh incessant activity."

Consistency is thus commented upon by the Doctor's Weekly: We were taught in our boyhood to look upon consistency as a jewel and many years of experience have not lowered our high estimate of that word. We are inclined to believe, however, that the education of the editors of some of our contemporaries on that line has been painfully neglected. We arrive at this conclusion after reading several editorials that have recently appeared in a number of our moss-back exchanges wherein certain editors attempt to belittle the products of the pharmaceutical chemist. In some cases they have gone so far as to designate the names of the products at which their vituperation is directed. In almost every instance the advertising pages of the periodicals in which such scurrilous attacks appear, contain the advertisements of the products attacked. In other words, the publisher, or editor, as the case may be, accepts the manufacturer's money and then turns loose the vials of his wrath upon him! Is this consistency? We should say not. When we accept money for advertising space we feel it our duty to do all in our power to advance the interest of our advertiser. This has been our practice in the past and we shall continue on the same line in the future.

I have always found Antalgia to produce the very best effects after using it every day. When the skin is dry and parched, if the patient is restless with fever five grain tablets of "Antalgia" every two hours acts like a charm. For headache we know of nothing better. Try it.

Miscellaneous.

ROSSVILLE, STATEN ISLAND, May 17, 1892.

I reiterate my assertions made nearly a year ago and am daily prescribing Antikamnia with happiest effects.

In my practice it accompanies the maid from her virgin couch to her lying-in chamber, assuaging the perplexities of maidenhood and easing the trials of maturity with most gratifying results. I earnestly hope that the proprietors of this valuable remedial agent will keep it up to its present standard of purity and excellence.

Truly,
CALEB LYON, M. D.

Treatment of Pneumonia by Phenacetine.

Whether on account of its supposed unusual frequency, or because of its tendency to become complicated with grippal symptoms, the treatment of pneumonia received an unusual degree of attention during the winter of 1891-92.

A marked feature in such of the therapeutic points of treatment as were considered essential, lay in the fact that their first object seemed to be to lower the temperature. There was some variation of opinion as to whether a reduction of bodily heat influenced the course of the disease, but there was a very general agreement that antipyretic treatment was distinctly called for in the beginning, to insure a benignant progress of the malady, while all practitioners recognized the value to the patient of a strong analgesic influence.

The first indication was to obtain a promptly acting and safe antipyretic and analgesic whose use could be continued for a sufficient time; and the second called for a heart tonic; the third consisting of medicaments—such as expectorants, etc.—having a local action. Strychnine, strophanthus and digitalis seem to have easily met the second and third requirements; the first was almost universally supplied by Phenacetine.

In the Medical and Surgical Reporter of June 25th, 1892, Dr. H. Perdue presents some reports of cases of acute croupous or lobar pneumonia in which the treatment employed may be cited as typical of the manner in which some of our best practitioners are now treating this condition. He says "the first step to be taken is to relieve the distressing symptoms. Some give morphine hypodermically before the exudative process is completed. This will gen-

erally give quick relief, the thing so much desired by the patient, but I generally prefer *Phenacetine*, as some persons do not bear opiates well. It reduces the fever, produces sweating and gives ease. It is, in my opinion, the remedy *par excellence* at this period. I give it in nearly all cases, except to the very old, the very young and the very feeble; always giving alcoholics with it. With it I have many a time had my patients resting quietly and asleep in twenty to thirty minutes.

"The average dose for adults is five grains about four hours apart. In a very few cases, six grains will be required, and, occasionally, four grains will be enough. The second dose may be given within two or three hours. The guide for diminishing or increasing the dose is the reduction of temperature produced. Sleeping and sweating are the conditions desired. Sometimes it is more effective to give a smaller dose at shorter intervals. Some use cold applications to reduce the fever and to give ease. Believing that the inconvenience, exposure and depressing effects are too great, I have never tried them. American physicians are against the practice.

"Some give large doses of quinine to reduce the fever. I have tried it to some extent, but I like my present method better. After some rest has been obtained, if the patient has not been purged, it is well to give a dose of calomel."

Dr. Perdue used nitro-glycerine in the first cases in which dilation of the arterioles was necessary, and obtained very satisfactory results from it. He cites the interesting fact that it is as quickly absorbed by the stomach as when given hypodermically. It was employed in doses of 1.100 grain, repeated in twenty minutes if necessary. For cardiac and respiratory, stimulants he gave strychnia in 1.60 grain, and atropia in 1.100 grain doses.

Phenacetine in five grain doses was given every four hours with whiskey or milk punch throughout the period of congestion and consolidation. In great restlessness, teaspoonful doses of sp. eth. co. were added.

In speaking of this rational method of treatment as "typical" we referred to its direction or object. The details or rather the combination of them, belong to the author and will, we think, receive general approval.

Ch. Marchand's



Trade Mark.

GLYCOZONE.

PREVENTS FERMENTATION OF FOOD IN THE STOMACH.
MOST POWERFUL REMEDY FOR HEALING PURPOSES. CURES:
DYSPEPSIA, GASTRITIS, ULCER OF THE STOMACH, HEART-BURN.
Glycozone is sold only in 4-oz., 8-oz., and 16-oz. bottles. Never sold in bulk.

CH. MARCHAND'S PEROXIDE OF HYDROGEN

(MEDICINAL) H_2O_2 (ABSOLUTELY HARMLESS.)

MOST POWERFUL BACTERICIDE AND PUS DESTROYER.
ENDORSED BY THE MEDICAL PROFESSION.
UNIFORM IN STRENGTH, PURITY AND STABILITY.
RETAINS GERMICIDAL POWER ANY LENGTH OF TIME.

Send for free book of 80 pages giving articles by the following contributors:

DR. PAUL GIBIER, of N. Y., DR. S. POTTS EAGLETON, of Phila, Pa.,
DR. CHAS. P. NOBLE, of Phila, Pa., DR. C. A. PHILLIPS, of Boston, Mass.,
DR. J. H. DeWOLF, of Balti., Md., DR. JOHN V. SHOEMAKER, of Phila., Pa.,
DR. W. S. MULLINS, of Henderson, Ky., DR. CHAS. W. AITKIN, of Flemings-
burg, Ky., DR. H. F. BROWNLEE, of Danbury, Conn., DR. J. LEWIS SMITH,
of N. Y., DR. J. MOUNT BLEYER, of N. Y., and many others.

NOTE.—Avoid substitutes—in shape of the commercial article bottled—unfit,
unsafe and worthless to use as a medicine.

Ch. Marchand's Peroxide of Hydrogen (Medicinal) is sold only in 4-oz.,
8-oz., and 16-oz. bottles, bearing a blue label, white letters, red and gold
border, with his signature. Never sold in bulk.

PHYSICIANS WILLING TO PAY EXPRESS CHARGES WILL RECEIVE FREE SAMPLES ON APPLICATION.

BOTH OF THE ABOVE REMEDIES
ARE PREPARED ONLY BY

☞ Mention this publication.

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris (France).

SOLD BY
LEADING DRUGGISTS. Laboratory, 28 Prince St., New York.

A VEGETABLE ALTERATIVE

AND TONIC. ; : : ;



*Verrhus
Clemiana*

Causes the Elimination of Specific Blood Poison, the repair of wasted and disorganized tissues, and the restoration of the vital forces to their normal activity. In the treatment of Syphilis it supersedes the use of both Mercury and Iodide of Potassium, and is a reliable remedy for the evil effects produced by the excessive use of these drugs. It is also specially indicated in all Scrofulous Affections, and is invaluable in the treatment of Eczema and other Skin Diseases, in Chronic Rheumatism, Old Chronic Ulcers, etc.

FORMULA—Verrhus Clemiana is a Compound Fluid Extract of Clematis Erecta, Prinos Verticillatus, Fraxinus Americana and Rhus Glabrum, with $\frac{1}{8}$ of one per cent. of Venanatic Acid, C H O₂.

DOSE—A teaspoonful in water, gradually increased to a tablespoonful, three or four times daily.



PREPARED ONLY BY

The Clemiana Chemical Company,

ATLANTA, GA.

Preventing Blindness.

An act for the prevention of blindness has just been made a law by the Rhode Island Legislature. It is similar to the New York State law, and Rhode Island is the first New England State to adopt it. The important paragraph is the first, and it reads as follows :

"Should any midwife or nurse, or person acting as nurse, having charge of an infant in this State, notice that one or both eyes of such infant are inflamed or reddened at any time within two weeks after its birth, it shall be the duty of such midwife or nurse, or person acting as nurse, so having charge of such infant, to report the fact in writing within six hours to the health officer, or some qualified practitioner of medicine, of the city or town in which the parents of the infant reside."

It has been called the "Sore eyes Bill." But as the sore eyes in question cause ten per cent. of the cases of blindness, and is the largest single factor, it naturally deserves special, if not legislative, attention. We shall watch the results of the laws so far enacted with much interest, and trust they may prove effective.—*N. Y. Medical Record.*

A Question of Ethics is thus stated by the *Alabama Med. and Surg. Age*: Mobile County Medical Society at a recent meeting passed an ordinance to the effect that professional recognition in the way of consultation should not be extended to any physician not holding a certificate of qualification from the State Board of Medical Examiners, or a County Medical Examining Board. This ordinance passed by the Mobile Society we consider timely, and believe that it would be wise and just for every county society in the State to pass in effect the same resolution.

It is well known that before the recent amendment to the penal law, a number of doctors took advantage of the mistake made in codifying the criminal laws of Alabama, had their diploma recorded in the office of the Probate Judge, and thus without receiving certificates from examining board, are, under the penal law, exempted from penalty. Such persons, however, are not legal practitioners under the civil law of the State, and have been declared illegal practitioners by the Supreme Court of Alabama, and hence cannot collect their fees by law.

Homeopathy on the Decline.

That homeopathy as a distinctive practice is on the decline goes without saying. They go to their society meetings to bolster up the decaying institution and occupy most of the time defending homeopathy and denouncing the regular profession. Their medical journals dwell largely upon reflecting credit upon their profession, misrepresenting the regulars and applying the lash to make those who employ rational treatment 'line up.' The initial number of a homeopathic journal recently started here contained little but efforts to stimulate the dying institution. Pamphlets, circulars, etc., of various kinds are from time to time circulated among the people reflecting the good of the practice. All efforts to rally the educated among them to the support of the two goblets of water—one colored and the other clear—avail nothing. The educated homeopathist of to-day gives quite as strong medicine as the regular practitioner and he cannot be lashed into trying to manure a ten acre field with the effluvia from a manure pile. While the homeopaths are occupying their time in medical societies trying to force themselves into the belief that theirs is the rational plan of treatment, the regulars spend their time discussing scientific questions only, and never can be heard the sound of the name homeopathy or any other pathy. Medical journals do not speak of them as a rule except to publish extracts from homeopathic journals. They have had their day and are now in the decline. The young element although graduating under their banner employ a rational medicine and give it when it is demanded in quantities to be effective.—*Exchange.*

Do not Lie About the Doctor.

Families after discharging a physician are very apt to give some reason for the change, and generally this is of such a nature that the physician must necessarily suffer pecuniarily thereby. Generally it will be observed that when the physician is dismissed and abuse is heaped upon him, the family remains indebted to him. In fact this is usually the case, and it is also undoubtedly the cause for the change, and the lies are told with the object of intimidating him so that he will hesitate to send or come for his pay. Unpaid

bills are the most frequent cause for the lies that are told about the doctor.

It is not safe to lie about the doctor, even if no particular financial injury results from it. It is always dangerous to say anything that may injure the physician's reputation, and it may be well for some one to make an example of some one who has thus been guilty of a too free use of the tongue. In a case of this kind, the judge in charging the jury, said: "The injury or damage must not necessarily be established, but if the fact can be established that the unkind words against the doctor on the part of the ex-patient are untrue, unjust and slanderous, then the case must be decided in favor of the plaintiff."—*Medical Compend.*

On Conception During Intoxication.

Some authors believe that the conception during the state of alcoholic intoxication often produces idiocy, etc., in the offspring. I think this is an open problem. For scientifically it is not to be appointed that only that specific coitus, committed in a state of alcoholic intoxication, was cause of the conception. Above this the spermatozoids are substantial cells, already separated from the paternal organism and present in the therefore destined ways and depositories (*vesicula seminalis*); this may be said also for the maternal cell, the ovulum, going as a loose individual its way, since how long? The moment of the congressus of the parents is surely not equivalent to that of the coupling of both the grains; the conception *sensu strictiori*; it is simply unknown when this takes place. That idiotic or otherwise-defect children are born, when every or nearly every congressus happened in an intoxicated state of one or both of the parents, is comprehensible, but in that case the child is not idiotic because that specific conception, from which his existence is the consequence, happened during or immediately after an (acute) alcoholic intoxication, but because one or both the parents are chronic alcoholists. That the child becomes idiotic, etc., while only one congressus took place and moreover from otherwise temperate individuals, by no means belonging to the *famille neuropathique*, and who were only at that time intoxicated, goes at least as far as man above every scientific evidence.—*Dr. Pierre F. Spaink, Inebriety.*

Apeldoorn, Holland, 1892.

Is it not Time.

Under the above heading appears an able article in the New York Journal of Gynecology and Obstetrics upon the wrong and to physicians of lay management in hospitals. The writer of the article very truly observes that the medical practitioner ought to be and is of as good business and executive ability as any other man, the archaic public prejudice to the contrary notwithstanding. He contends that in laity managed hospitals the interests of patients and of physicians as well are sacrificed to the policy of a false show of economy and political and social preferment. We cordially agree with the New York editor in this matter, and sincerely hope that the time will soon arrive when physicians will be deemed competent to manage their own public as well as private affairs and institutions.

The Treatment of Gonorrhœa.

My treatment of gonorrhœa in all stages has for long been very monotonous. Almost without regard to stage or degree of severity, I prescribe the same remedies. I have long ago laid aside the traditions of my student days, which taught that salines only should be used in acute stages, and that abortive plans were dangerous. I always use abortive measures, and mostly, I believe, succeed. At any rate, I never encounter ill consequences, and complications are rare. My prescription is a partnership of three different remedies, and it is, I believe, important that they should all be used. First, an injection of solution of chloride of zinc, two grains to the ounce; next, sandalwood oil capsules; and, lastly, a purgative night-dose with bromide of potassium. The injection is used three or four times a day, the capsules (ten or twenty minims) taken three times a day. The ingredients of the night-doses are three drachms of epsom salts and half a drachm of bromide potassium. It is, I believe, the action of the last named in preventing congestion of the parts which makes the abortive measures safe. Moderate purgation and entire abstinence from stimulants are essential. If the case is very acute and attended by swelling of the corpus spongiosum, I sometimes prescribe tartar emetic or tincture of aconite, but it is very seldom indeed that these are necessary. If the patient be well purged, there is no risk whatever in an abortive treatment

from the day that he comes under treatment. The risk of orchitis, prostatitis, cystitis, etc., comes in cases which have been allowed to develop rather than in those treated abortively. I should as soon think of delaying to use local measures in gonorrhœa as I should in purulent ophthalmia.—*Jonathan Hutchinson, in Archives of Surgery.*

Injurious Effects of the Telephone upon Hearing.

Gelle, of Paris, observes that those who frequently use the telephone sometimes present a series of aural disturbances similar to those resulting from the continued action of loud noises. In such cases there may be found inflammation of the membrana tympani and of the tympanic cavity, or there may be irritable conditions of the nervous apparatus of the ear, exercising an influence upon the general nervous system. Hence, in the cases observed, there were pains in the ear, diminished hearing, subjective noises, hyperæsthesia acoustica, and vertigo, all of which were manifested at first during loud auditory impression, but later became permanent, with general nervous irritability. Probably, for the production of the aforesaid disturbances, there must be a certain predisposition, due either to a greater excitability of the entire nervous system or a previous and still existing disease of the auditory organ.

Acute Rheumatism.

There is at least one thing about which doctors agree, and that is, the drug which acts most surely in acute rheumatism. Dr. M. Baudouin has made a tour of the Paris hospitals, and finds that all the physicians use salicylate of soda. Some give also bicarbonate of soda and antipyrin, but salicylate is the sheet anchor. The mode of administration differs, however. Dujardin-Beaumetz gives 15 grains every three hours; Talamon, the same amount every two hours; Straus gives 45 to 60 grains in single doses twice daily; Beuchard, 75 grains of the salicylate and 150 grains of the bicarbonate of soda daily; Barth in some cases gives quinine and antipyrin, while Chauffard uses antipyrin alone, giving 60 to 120 grains daily. Barie gives 30 grains three times a day, and Comby 15 grains every two hours.

In the New York hospitals larger doses than the above are often given. In Bellevue, 20 grains every two hours, for the first day,

is usually prescribed. In St. Luke's, oil of wintergreen has been much used. Salol has been given also instead of the salicylate. Nothing has yet approached the salicylates in efficacy in the treatment of acute rheumatism. It is generally the septic and gonorrhœal cases only in which it fails. But there is still a wide divergence of opinion as to how to administer the drug so as to get its effects *cito, tuto, et jucunde*.—*New York Medical Record*.

Convulsions in Children.

The following abstract of a talk by Prof. J. E. Winters appears in the Medical Record: Safe rule in all cases to see that stomach and alimentary canals are emptied. For this, give a full dose of ipecac, repeating in ten minutes if necessary. If this fails to bring on vomiting, tickle the fauces till successful. Give a copious enema and follow with a half-ounce dose of castor oil. After purging, give chloral till relief is obtained. For a child two years of age, ten grains in a little water can be given per rectum. A child one year of age will stand half the quantity. Morphine may be used if the convulsions are due to uremia. If scarlet fever or measles is coming on do not purge too freely, as it delays the eruption. The popular hot bath should be used with caution. If the cause of the convulsions is the advent of an infectious disease it may do good, as it brings the blood to the surface of the body and relieves internal congestion. If the convulsions are due to central lesions, when treatment is of no avail the hot bath may possibly be used for the consolation of the patients.

The Proper Hours of Sleep.

Man, in common with most of the animal creation, has accepted the plain suggestion of nature that the approach of night should imply a cessation of effort. If he ignores this principle, his work is done against inherited habit, and, so far, with additional fatigue. It follows, too, that he must use artificial light and sustain its combustion at the cost of his own atmosphere. Naturally, therefore, when he does rest, his relief is not proportioned to his weariness. As in many cases, however, sensation is not here the most reliable guide to judicious practice. Established custom affords a far truer indication of the method most compatible with healthy existence.

The case of the overworked and the invalid lends but a deceptive color to the argument of the daylight sleeper. In them excessive waste of tissue must be made good, and sleep, always too scanty, is at any time useful for this purpose. For the healthy majority, however, the old custom of early rest and early waking is certain to prove in future—as returns of longevity and common experience alike show that it has proved in the past—most conducive to health and active life.—*London Lancet.*

Some Reasons for Daily Exercise.

1. Any man who does not take time for exercise will probably have to make time to be ill.
2. Body and mind are both gifts, and for the proper use of them our Maker will hold us responsible.
3. Exercise gradually increases the physical powers, and gives more strength to resist sickness.
4. Exercise will do for your body what intellectual training will do for your mind—educate and strengthen it.
5. Plato called a man lame because he exercised the mind while the body was allowed to suffer.
6. A sound body lies at the foundation of all that goes to make life a success. Exercise will help to give it.
7. Exercise will help a young man to lead a chaste life.
8. Varied, light and brisk exercises, next to sleep, will rest the tired brain better than anything else.
9. Metal will rust if not used, and the body will become diseased if not exercised.
10. A man “too busy” to take care of his health is like a workman too busy to sharpen his tools.—*Glasgow Herald.*

A young doctor, wishing to make a good impression upon a German farmer, mentioned the fact that he had received a double education, as it were. He had studied homeopathy, and was also a graduate of a “regular” medical school.

“Oh, dot vos noding,” said the farmer. “I had vonce a calf dot sucked two cows, and he made noding but a common schteer, after all.”

Shock.

Chauvel recommends the following treatment of shock, according to La Médecine Hyperdermique. For the purpose of re-establishing the circulation, the patient is put in an absolutely horizontal position and massaged. He is also given alcoholic frictions and subcutaneous injections of ether. For the purpose of maintaining the bodily temperature, the air of the room is well heated, and the patient is surrounded by hot bottles, or placed in a bath of the temperature of 105° or 110°.

Internally, Chauvel administers alcoholic stimulants, such as rum or brandy, in the dose of from one to two ounces. He does not employ sinapisms or other inconvenient measures. When reaction has been obtained, the stimulants are combined with opium for the production of sleep. Chauvel mentions the intravenous injection of ammonia, as has been used by Penfold and Tibbis.

In cases where shock is prolonged, strychnine, digitalis, and belladonna are to be employed, and electricity may be of great service.—*Therapeutic Gazette*.

M. Lessenue states that if a pin be thrust into the body of one supposed to be deceased, the appearance of the pin hole left on withdrawing the pin will determine the accuracy of the supposition. If the person is dead, the hole remains open, as when the pin is stuck into leather. If the person is alive the skin contracts and the pin hole entirely disappears.

Contents for September.

.....

ORIGINAL COMMUNICATIONS—

Transactions of the Alamance Medical Society	Page 9
Fracture of the Forearm, W. G. Stafford, M. D.	10
Hydrogen Peroxide, W. E. Fitch, M. D.	13
The Tape Worm ; Methods of Preparation, J. M. Steadman, M. D.	15
Address on the Methods of Medical Education, T. Griswold Comstock, M. D.	16

EDITORIAL	21
BOOK REVIEWS	28
SELECTIONS.....	30
ABSTRACTS.....	41
MISCELLANEOUS	51

A NON-TOXIC ANTISEPTIC.

FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE.

Non-Toxic, Non-Irritant, Non-Escharotic—Absolutely Safe, Agreeable and Convenient.

FORMULA.—LISTERINE is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria, and Mentha Arvensis, in Combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic acid.

DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its peculiar adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eructations of dyspepsia, and to disinfect the mouth throat and stomach. It is a perfect tooth and mouth wash, indispensable
FOR THE DENTAL TOILET.

Diseases of the Uric Acid Diathesis.

LAMBERT'S LITHIATED HYDRANGEA.

. RENAL ALTERATIVE—ANTI-LITHIC.

FORMULA.—Each fluid drachm of "LITHIATED HYDRANGEA" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

DOSE.—One or two teaspoonfuls four times a day (preferably between meals).

The ascertained value of HYDRANGEA in Calculus Complaints and Abnormal Conditions of the Kidneys, through the earlier reports of Drs. Atlee, Horsley, Monkur, Butler and others, and the well known utility of Lithia in the diseases of the uric acid diathesis at once justified the therapeutic claims of LAMBERT'S LITHIATED HYDRANGEA when first announced to the medical profession, whilst subsequent use and close clinical observation has caused it to be regarded by physicians generally as a very valuable Kidney Alterative and Anti-Lithic agent in the treatment of

URINARY CALCULUS, GOUT, RHEUMATISM, CYSTITIS, DIABETES, HAEMATURIA, BRIGHT'S DISEASE, ALBUMINURIA, AND VESICAL IRRITATIONS GENERALLY.

Realizing that in many of the diseases in which Lambert's Lithiated Hydrangea has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed. We have had prepared for the convenience of physicians

DIETETIC NOTES,

suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of Listerine and Lambert's Lithiated Hydrangea.

LAMBERT PHARMACAL CO., St. Louis, Mo.

IN THE United States there are forty-seven medical colleges for both sexes, and eight for the female sex exclusively.—*Exchange.*

Insomnia.

Continued wakefulness is a crying call to review one's habits and see what is wrong. There is, perhaps, mental unrest, irritation or over-work, in which case laziness is to be assiduously cultivated. We may depend upon it, there is some want of balance. One chord is played upon too much, others are silent, and so the mental mechanism is all out of tune. Wisdom, then, dictates a reconstruction of habits. At all events, the wise person will not resort to opium, chloral, or any other sedative that steals away life while soothing it, and fixes habits which cannot be overcome.

Much depends upon the power of dismissing thought and becoming almost a blank. Napoleon had this faculty and many another noted person. The late Lord Napier was believed by the

British officers to owe his immense strength and power of endurance to the faculty of going to sleep at any moment when not particularly engaged. One of the famous politicians of Massachusetts, now an old man, yet with the vigor of a boy, has the same gift. In all these and in similar cases there is both concentration and determination.

—*Medical Brief.*

Doctor's Tubular Buggy Lamp.



- It is the only practicable and perfect Driving Lamp ever made.
- It will not blow out
- It gives a clear, white light.
- It looks like a locomotive head light.
- It throws all the light straight ahead, from 200 to 300 feet.
- It burns kerosene.

Send for book.
R. E. DIETZ CO.,
7 Laight St., N. Y.

SMITH & FLOURNOY,

WHOLESALE AND RETAIL DEALERS IN

China, Crockery, Glass, Tin, Silver-Plated Ware and Fancy Goods.

Our Fall Stock in and to arrive will be larger than ever.
We have the largest and cheapest line of Lamps we have ever had.
Chamber Sets in great variety at lower prices than ever before.

DINNER AND TEA SETS AT SURPRISINGLY LOW PRICES.

As we buy in large quantities and get lowest prices, we cannot be under-odd. No trouble to show our goods. Be sure and call to see us.

33 South Tryon St., opp. Buford Hotel, CHARLOTTE, N. C.

Charlotte Medical Journal.

VOL. I.

CHARLOTTE, N. C., OCT., 1892.

No. 4.

Original Communications.

Gonorrhœa.

BY B. F. LEONARD, M. D.

The treatment of gonorrhœa is so unsatisfactory that it may be useful to take a review of its present status. Even a capable and careful surgeon must admit that some cases will, in spite of the best care, go wrong. Any one who has any experience must see a certain number of cases who have been the rounds of the druggists and doctors still under the saturnian influence. Some part of this blame must be borne by the patient, since some are careless and impatient, as so many are cured by a cock-sure recipe which "I always carry in my pocket-book and you should try it."

This is an extremely important subject from many points of view. To the individual besides the present inconvenience and pain of an acute attack and his serious condition if he is a married or to-be-married man, his future is particularly threatening if his disease is not thoroughly cured, for an eminent authority has said that between syphilis and clap his choice would certainly be the former. How many cases are dismissed apparently cured which in after life are either sterile or have ultimately become the victims of a stricture with "back-pressure," as Bangs puts it, on the kidneys and the patient finally succumbs forsooth to "Bright's Disease." Gross says that one case in six of sterility in women is due to the husband, and Finger declares that, granting potency, the most frequent cause of sterility in man is chronic posterior urethritis—a chronic glandular inflammation giving rise to abundant secretion from the prostatic glands of a fluid neutral or slightly acid, and containing numerous pus cells. As the normal reaction of the prostatic fluid is strongly acid, and the activity if not the vitality of the spermatozoa is dependent on contact with

the fluid, its altered condition results in diminishing the impregnating power of the semen. Cicatricial contractions about the openings of the ejaculatory ducts and various mechanical obstructions occur from inflammation in epididymis, cord, and seminal vesicles. Complete resolution with restoration of function may occur.

Syphilitic urethritis is rare and is due to the location of the initial lesion in the urethra at or near the meatus. The secretion is meneo-purulent in character and frequently tinged with blood, and the glands around the meatus at times become granular and bleeding at the slightest touch; the induration is easily felt and the infiltration lasts long. Following this in the usual time comes a fever which has been mistaken for a slight but prolonged attack of typhoid or remittent fever. The history of the pleian glandular induration and the subsequent history confirm the diagnosis. The most systematic method of diagnosis in gonorrhœa with which I am acquainted is that of Alexander (Jour. Cut. and Genito-Urin. Dis. Aug. 1891). The nature of the disease is determined by the microscopical examination of the discharge; its intensity by the amount and character of the discharge and by the subjective symptoms, especially pain. In some cases of urethritis there may be no discharge at the meatus. It may flow from the meatus, or in the more chronic cases it may be best seen in the urine in small white particles or in threads. These are tenacious mucus with layers of epithalia and pus cells. In chronic inflammation of the prostatic urethra we may find also spermatic elements, prostatic corpuscles and corpora amylases. The only accurate method to estimate the quantity of the discharge is to observe the amount of the deposit in the urine after standing. A single negative examination for gonococci should not be taken as positive and when found they must be *within* the pus cell and typical in shape, grouping and staining. The extent of the inflammation can be decided by Sir Henry Thompson's "two glasses test"—the urine is passed in two parts. If the anterior urethra is alone involved, the first glass alone will be cloudy, but the bladder must have enough urine in it else the first quantity will be insufficient to flush the urethra. In chronic urethritis a more exact method of localization is by passing a rubber or metal bougie to bands which locates inflamed areas by determining sensitive points. This yet leaves

something to be desired. Until recently the urethral endoscope was considered almost a toy, but Alexander, Tilden Brown and W. K. Otis have made improvements which apparently seem perfect. Otis in his electric urethroscope has adopted the electric light in combination with Klotz's tube, and Brown has devised "urethral digits" for local applications, but an improvised swab may be used to make applications to the inflamed spots.

Finger combats the usually accepted view that the mechanical action of the compressed muscle is the chief cause in the prevention of backward extension of gonorrhœal urethritis. The urethral mucous membrane exhibits marked variations regarding its vascular supply and number of lacunæ and follicles present. These minute glands with their accompanying capillary network are most numerous in the pendulous urethra at the bulb, and in the prostatic region. In the membranous urethra and in or near the internal urethral orifice the mucous membrane is decidedly less vascular but almost devoid of glands. As each minute gland with its surrounding capillaries furnishes a minute incubator for the development of gonococci, it is seen why the disease is more active and chronic in locations where these conditions are present and why it often limits itself to that portion of the canal anterior to the membranous portion. The bacterial origin of gonorrhœa is now quite universally admitted, but it may not prove uninteresting or a waste of time to refer in this connection to the elaborate experiments of Vibert and Bordas. They show that the question of the gonococci is not solved with the complete certainty that forensic medicine requires, for they found identical organisms in the vulvitis of six young girls caused by other than venereal disease; cultivation showed diplococci in all respects similar to the gonococci.

Naturally practice has fallen in antiseptic lines, a sublimate solution (1:20,000 to 1:50,000) being used by irrigation. This method, however, does not meet with general favor because it both disappoints and gives pain more or less severe.

The mode of action and the best method of irrigation are of interest, and there are some interesting recent articles on the subject. Feliki claims it is best done by emptying the bladder and placing the patient recumbent; the nozzle is then inserted in the meatus and the reservoir raised two metres. The pressure of the

fluid soon overcomes the resistance of the "cut off" muscle and it flows into the bladder. Lydston uses a short nozzle; by carefully adjusting the fingers about it while *in situ* (the patient presumably sitting) the entire urethra may be kept fully distended by the solution, he says, and the excess of water escapes beside the nozzle. A voluntary attempt at urination while the fluid is passing into the deep urethra results in a full stream passing into the bladder; the effort of the will results in the inhibition of the "cut-off" muscle, there being nothing but the action of the detrusor urinæ to overcome.

It is evident that the nozzle is greatly superior to a catheter for we thereby avoid carrying infection to the deep urethra in acute cases and we do not have the irritation that a catheter would infallibly cause to a delicate and highly inflamed membrane. In inflammation *rest* is an essential of rational treatment and we thus treat these cases with as little disturbance as possible.

The most generally useful drug for irrigation that I have used is the aceto-tartrate of aluminum; while it is by no means a specific it frequently gives excellent results. It is feebly soluble in water and I use it in a saturated solution.

A few words in reference to nitrate of silver. It appears that the abortive method has been quite given up by the profession, but Thiery (a late advocate) says at times it gives marvellous results. Of course it cannot be given to the patient to use, but demands a careful operator. It is painful and is applicable only in the first twenty-four hours. These are his details as to its use: the patient should urinate and be placed in a recumbent position; wash the urethra with boric acid solution (saturated solution plus a small quantity of magnesia); inject cocaine to relieve pain; after perfect anesthesia is secured inject slowly a few drops of a solution of nitrate of silver (1:50 or 1:30) withdrawing the syringe little by little, by the instillating syringe of Guyon, to the cul-de-sac of the bulb; the patient holds the injection as long as pain permits him. Intense reaction follows and a single injection may abort the disorder, if not follow it with a second or a third the same evening and next morning. If a cure does not result it is useless to persevere with this method.

Keyes has modified the syringe of Ultzmann, the father in Germany of deep, strong injections of silver nitrate, in the latter

stages of this disease. He uses 1-5 gtt. of a $\frac{1}{2}$ -60 gr. solution in the prostatic urethra with his syringe, which has a long silver nozzle. Mercier has shown that all fluids injected in front of the membranous portion of the urethra will run out of the meatus, and all beyond will run into the bladder, being acted on by the "cut-off" muscle. But since the bladder is nearly always affected in these cases, it is rather an advantage. Guiteras uses nitrate of silver injections beginning with 1 gr. solution, increasing 1 gr. daily until a strength of 15 gr. is reached, the patient himself using meanwhile a saturated boric acid injection.

I have found great value in nitrate of silver irrigations even in the acute stage used once daily (gr. $\frac{1}{4}$ to 1-32 ad $\bar{z}$). Some patients beg for their frequent repetition. Of the balsamics, sandalwood oil is the best—the only preparation of which I now use is Parke, Davis & Co.'s soluble capsules. It is applicable to all stages, but like the rest of its class it frequently fails.

After considerable experimenting I find the following plan of treatment gives best results: Bathe penis thrice daily with water as hot as can be borne; use a suspensory; give internally P. D. and hyocyanus up to tolerance, usually combined with a small dose of belladonna; if urine is acid 30 gr. per diem of sodium bicarbonate; injection or irrigation p. r. u. according to judgment, and absolute avoidance of female association. I have seen a case of clap in a married man resist all medication until he went off on a two months' business trip. He then got well in two weeks almost without medication.

1325 F Street, Washington, D. C.

Some Remarks on the Value of Vegetable Alteratives in Chronic, Venereal, Tubercular and Malarial Diseases.

BY THOS. H. MANLEY, M. D., New York.

Speaking of the elements of those medicines which serve a useful purpose, in exhaustive and debilitating diseases Dr. Manley says that there are limitations to the province of physiological chemistry or bio-chemistry, in being able to satisfactorily explain the *modus operandi* of very many of our most valuable medicinal agents. This is particularly true of the vegetable tonics, when administered in wasting diseases. We may prescribe iron, arsen-

ical, quinine or other salts in malarial, tubercular, or syphilitic anæmia, occasionally in vain, when, if we place our patient on fresh infusions, decoctions or tinctures, immediate benefit will follow. The profession is not by any means in accord with those who would have us believe the time has arrived, when medicine can be prescribed according to any set of rules, whatever scientific basis, their construction may rest on.

Warburg's-Tincture, one of the most valuable anti-malarial remedies known, unfortunately is a secret, quack remedy, though owned by the British government. Huxam's tincture, so long a secret compound of the Birmingham chemist, is now common property of the profession.

Cod-liver oil and its many preparations have held their own well in pulmonary tuberculosis. But, there are many phases of surgical tuberculosis and those conditions of malnutritions resulting from syphilis, in which the oil is not well borne. Here the vegetable tonics, particularly those rich in alkaline salts, are invaluable. The tincture of hops, decoction of sarsaparilla, gentian, columbo, or chamomile, either may be taken alone or in combination. A valuable combination of herb extracts was elaborated in the Southern States by members of the medical profession, as a substitute for mercury and the potassium iodide, during the late war of the Rebellion, when all pharmaceutic supplies were shut out by the blockade and the advancing lines of the enemy. It is known to pharmacists and practitioners as Verrhus Clemiana, and is composed of Clematis-erecta, Prinus-verticillatus Fraxinus Americana, Rhus-Glabrum, and one-eighth of one per cent. of Venanatic acid; all indigenous in the Southern States. I have extensively employed this compound in many cases of chronic, tubercular, glandular and bone diseases, besides other wasting maladies, with excellent results. Indeed in these times pharmacy yields a large number of vegetable elixirs, so palatable and easy of assimilation that one should always give them a protracted trial in the vast majority of tubercular or syphilitic, bone or joint diseases, before any sort of sanguinous operation should be thought of.—*Doctor's Weekly*.

Zeal and discretion are like the two lions which supported the throne of Solomon. They make a fine pair, but are poor things apart. Zeal without discretion is a misdirected wildfire, and discretion without zeal may be called cowardice.—*C. H. Spurgeon*.

Charlotte Medical Journal.

E. C. REGISTER, M. D.,

J. C. MONTGOMERY, M. D.,

Editors and Publishers,

No. 36 SOUTH TRYON STREET,

CHARLOTTE, N. C.

✦ SUBSCRIPTION. \$2.50 PER YEAR. ✦

Articles intended for the Original Department of the Charlotte Medical Journal will be accepted only with the understanding that they are contributed to it exclusively.

WE call special attention to the announcement of the University of the City of New York. No College ranks higher than this one. It has every advantage to give a student the very best medical education.

THE announcement of the Southern Medical College appears in this issue. This College is the best equipped institution of the South and inferior to none, offering every advantage for a first-class medical education.

THE St. Louis Medical Era is the name of a new journal which will appear in a few weeks. It will be edited by Prof. S. C. Martin, Professor of Dermatology and Hygiene, Barnes Medical College. From the reputation of the editor the Journal will rank among the first Journals of the country. We speak for its success. We wish it success.

THE CHOLERA EPIDEMIC.

India again sends its fatal disease to Russia and from Russia it travels steadily to Europe and from Europe, over the waters of the Atlantic, it is in sight of the metropolis. Will it find entrance into our ports? Will medical science of today, not thirty years ago, answer no? Only the best precaution will prevent the cholera from visiting us. It has been many years since the fatal disease ran wild and played havoc in this country and 'tis to be hoped that our borders will not be reached, or not to be unfriendly and uncharitable, let the wind blow some other way. Keep your own real estate clean and yourself too.

WE are all familiar with the constant and almost daily impositions and frauds that are practiced upon the people by that class of people known as detestable, abominable, odious quacks. The circular press is filled with the advertisements of Patent Medicines claiming to restore life and happiness to the dying consumptive and joy and hilarity to the aged. Having been confronted so long by these pusillanimous people and tricks, we look over them with less contempt than we should, but the latest and grandest act played upon the profession is that done by "Dr. Robertson," from Texas, who, in this civilized and enlightened age, with brazen affrontery, sells, for the sum of \$150, illegitimate diplomas to quacks and masseurs, thus giving them more boldness and hidden power to practice their obnoxious, offensive and hateful deceit upon the people. Such a low down, vile, contemptible, abominable character should be banished from this land of ours to some uncivilized country, and there buried among the vipers and reptiles that inhabit such lands.

Have we not laws to protect the Medical Profession from such degrading impostures? Then why are they not enforced?

THE following so justly expresses our sentiments that we reproduce it entire :

A Dead Beat.—In the publication of this journal we have carefully avoided taking any advertisements except from first-class, reliable, meritorious houses, and for the time we have been publishing the journal we have to report one first-class fraud. The Barr Electric Manufacturing Co., of 17 and 19 Broadway, N. Y., is not a case of "*honest inability to pay*," if we are correctly informed, but is a concern determined to beat medical journals out of their legitimate dues. We therefore warn the "Age" and the medical journals of the country, that in our opinion this Barr Electric Manufacturing Co., of 17 and 19 Broadway, N. Y., is a rotten, thieving, malicious, designing, scheming fraud of the first water, and we regret that the files of our journal show that we run their advertisement for three months.—*The Alabama Medical and Surgical Age.*

If other Journals have been cheated by this house we hope they will copy this and do all they can to "bust" this firm.

THE value of Medical Journals is not realized in its entirety as it should be, by the mass of the profession. Dr. Joseph Price states (*Am. Gyn. Jour.*) that his obligations are many, and strong ones, to the ably edited medical journals of the period; made interesting and instructive through the carefully and elaborately prepared contributions of the most active, studious and brainy men of the profession. Our debt to the medical press is not as fully appreciated as it should be. Our leading medical journals should find a place on every physician's and surgeon's table. They are valuable teachers and should always be ready at hand. There is no excuse for lack of familiarity with the best current literature of the period. There is no man so busy as not to be able to find time for such instructive reading. There could be no more profitable economy of time practiced than in picking up one of our American journals and reading it in odd minutes. The modern medical journals can very fittingly take the place of the old books with their effete lessons. They give us the rich assay of the experiences of the live men of the profession, by which all of us can greatly profit. They reach a class who have not access to clinical instruction and who can learn important lessons, gain points of valuable guidance in their field of work, through the discussions and reported cases in the journals. Such journals as the *Medical Review* which we have the honor of editing, are of special value to the young men of the profession. There is a keen realization by the profession that we do not as yet quite know it all, that there are infinite possibilities of growth and development before us, and that, in this development, the ably edited medical journal exercises a potent agency. The general practitioner can gain much needed information from those journals limited to special subjects. He will be taught the important lesson that there are limitations to his knowledge and skill—to recognize that there are functions which he does best. The fact that his field is one of general practice the more certainly brings him in repeated contact with cases requiring the skill and experience of the specialist. He should have the quick wisdom to detect the troubles that lie peculiarly within the sphere of surgery and the honest professional conscience, and good faith to patient, that will lead him to act promptly.—*Review.*

Subscribe to THE CHARLOTTE MEDICAL JOURNAL.—EDITOR.

THE doctor's temptations are graphically and elaborately set forth in the Pacific Medical Journal. The Journal says :

The pitfalls which the devil places in the path of the young medical practitioner are many, and it behooves him to keep ever humming that good old Methodist hymn, "Yield not to temptation."

Dazzled in early youth by the stylish equipage, the beautiful residence, the elegant offices, the wealth, the honors, and the high sounding titles of Dr. Sapomollis, the able and energetic Professor of How-to-get-practice in the leading medical school, he may have chosen the profession of medicine as a bee-line to worldly success ; but he soon has impressed on him the unselfishness of its votaries, and by daily association with his teachers the new-kindled all-for-the-good-of-humanity-self-sacrificing ambition's faint and flickering spark is fanned into an all-consuming flame, and after graduating, it may be at the head of his class, he hangs out his shingle and sits down in his office with vain-glorious notions of the physician's noble calling, waiting patiently for the opportunity to exercise his humane benevolence. But day succeeds day, and week follows upon week, nay, months may roll by, and yet the poor suffering creature whose pain he so longs to alleviate, cometh not. One of his neighbor's children is taken down with measles, but his class-mate, Dr. Brazen, is called in, who, when a consultation is requested, suggests Dr. Sapomollis. At last the point is reached when he can no longer pay his washer woman, the landlady threatens to evict him, the restaurant keeper refuses him his twice-a-day chicory decoction and doughnuts, his watch is left at the "Uncle's" for safe keeping, and sleeping on a wooden table with Gray's Anatomy for a pillow and a few old newspapers for covering, his philanthropic ardor is chilled, and if it were not that Drs. Sapomollis and Brazen might reap the golden harvest, he would plant typhoid bacilli in every well in town.

THE Brooklyn Medical Journal comes to us in a special copy this month, on cholera, mode for its prevention, management, and treatment. It contains articles from many noted physicians. We read it with much interest and benefit. We do not want the cholera here, but should it come among us a careful perusal of the contents of this special number will be of valuable service to physicians.

SUNDAY DRUG STORE.

The pharmacists of Danville, Va., have made a good move in determining among themselves to keep one store open in rotation on Sundays—all others of the city being closed except for two hours in the morning and two in the evening of that day. This allows the drug clerks much needed rest, and yet amply supplies all the demands of those who may need medicines on the Sabbath. Other towns and cities would do well to adopt some such system. —*Virginia Medical Monthly*.

We agree with the Monthly. No class of men are more confined than the druggists. The above system would be convenient for any city, even Charlotte. The hours for worship are generally 11 to 1; let all close but one store at those hours, in rotation. We often hear a druggist say he would like to go to church, but can't get-off. If this system should ever be adopted here a man should be appointed to watch our druggists and see that they don't stay at home and play with the baby instead of going to church.

DEATH OF DR. WOOD.

"The death in Wilmington on the 22nd inst. of Dr. Thomas F. Wood, editor of the North Carolina Medical Journal and a physician and surgeon of great eminence, is a serious blow not only to his own great profession, but to the whole of North Carolina and the common cause of humanity. It was given few men to accomplish more in life's short span than Dr. Wood. The work was wonderful that he performed, in the active years of a busy career, not only for the alleviation of suffering but for the advancement of the science to which he had devoted all his ability and all his energies; and with him "knowledge was power," for what its possession enabled him to do in a cause that was very near his heart.

He was in the best sense of the word a "sympathetic physician" and not infrequently raised his patient by the very strength of his genial encouragement, and when that could not be; when he knew that, despite his skill, his was the kindly word and tender tone.

Dr. Wood was best known to the general public as the active spirit of the State board of health, and to the profession as the editor of the North Carolina Medical Journal. In each of these

capacities he did immense work. It has been many a day since a more accomplished or more useful North Carolinian has fallen, and his death is an event which all the public may well deplore."

THE burning of the Belmont Hotel at Asheville was a great loss to Dr. VonRuck. He had labored and toiled many years and at last succeeded in establishing a sanitarium, a home for the invalid, and a place for those seeking rest inferior to none in this country. Every advantage, every modern improvement, everything necessary for the comfort and enjoyment of his guest could be found there. No sanitarium ranked higher than the Hotel Belmont. With all the loss of property and home and even personal afflictions, after so many years of hard work and perseverance, yet to be heaped upon this he is censured, abused and criticised severely; blaming the entire accident upon his own carelessness and negligence. Could any sane person believe that any one who had labored so hard in establishing such a home as the Belmont would be guilty of gross negligence and indifference. He was actually reproved for seeing that his own wife escaped injury before directing his attention to the guests of the hotel. Could he be blamed for this? We think all the bitter feelings and enmity wrought against Dr. VonRuck since his recent misfortune wholly uncalled for, unkind and unjust.

PRESCRIBING BY DRUGGISTS.

To show that this practice is frowned upon by the better class of pharmacists, we clip the following from a representative pharmaceutical journal, the *Era*, of Detroit :

"It is very difficult to lay down rigid lines to govern this practice. No one, not even the most hide-bound of physicians, will deny to the druggist the privilege of a certain amount and kind of counter prescribing. Simple ailments, a cut, the toothache, a cold, perhaps, are all within his province for treatment. But how serious must be the case to render it imperative that the physician take charge of it! A case recently occurring in this city presents features calling for careful thought and weighing to determine the measure of responsibility and culpability attaching to a druggist's course. A woman asked for something for her child's cough; it was given her and the druggist even visited the child and prescribed

for it. The child died of diphtheria, the druggist has been censured by the coroner's jury, and, we believe, assessed a \$5 fine for illegal practice of medicine. (It may be said that there are virtually no restrictions regulating the practice of medicine in Michigan, and the penalty of the fine mentioned is all that is provided by law.) Statements differ as to whether the druggists advised the mother to call a physician. He says he did, she says he did not, and further avers that when asked to prescribe he did so at once. She thought it was all right, and that the druggist was a physician, as he has long been called "Doctor" by all the neighborhood.—*Ex.*

The above is but one case out of the many daily occurring. Druggist's prescribe for "colds" and "coughs" until the patient, growing constantly worse, consults a physician who, upon physical examination, finds the patient's lungs solidified with tuberculous deposit. This is a common thing in this country. When the discovery is made it is then too late to advise a change of climate or enter upon any successful course of treatment; yet when we, some time since, in an editorial called the attention to, and condemned, counter prescribing by druggists, several of the gents in this city wanted to have a "call meeting and resolute fernenent the Journal." Yes, they actually wanted to "repel" the assertions we made without ever thinking of proving them untrue.—*Texas Health Journal.*

We agree with the Journal in the above and wish to add one thing: Physicians are censured and criticized and are actually called daily patent medicine doctors, by druggists, because they use some standard proprietary remedies, such as so and so's beef, wine and iron, instead of using their own, or somebody else's, cod liver oil, and 'tis perfectly legitimate and right for physicians to do this, yet, while they think physicians are doing them an injustice, they forget that they are daily prescribing behind the counter. People who live in glass houses should not throw stones.

Through the kindness of Dr. Jagers we have received his work on Health Culture and the Sanitary Woolen System. "The first wealth is health." This being the case, nothing is more important than the selection of proper clothing, and yet this matter is neglected more frequently than anything else. Dr. Jagers' goods are kept at T. B. Seagle & Co.'s, Charlotte, N. C.

A STUDENT in preparing his medical education at college spends a great deal of time in dread, suspense and anxiety, fearing in the end he may fail. The only sure way to overcome this is to be taught by same first-class quiz master in whom you place the utmost confidence, and who assures you that if you will only follow his advice and teaching you will without doubt receive your little card "*admitted*" in March. The record of Dr. Collins' Quiz Class is excelled by none in New York city. 'Tis the great Southern quiz of the city. We refer you to his announcement in this issue. Page 30th.

Books Reviewed.

THE POCKET ANATOMIST. Founded upon Gray. By C. HENRI LEONARD, A. M., M. D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynæcology, in the Detroit College of Medicine. Fourteenth revised edition, containing Dissection Hints and Visceral Anatomy. Detroit, Michigan, 1891. The Illustrated Medical Journal Co., Publishers. Cloth, 207 pages, 193 Illustrations; price, postpaid, \$1.00.

This book is 300 pages in thickness. The plates introduced are photo-engraved from the English edition of Gray, and are therefore exact; most of them are full-paged, and where they are not, they are grouped together so as to save as much thumbing as possible. The useless "questions" are absent in this work, and their room given to needed illustrations or terse descriptions of the minor parts found in the several dissections made. The chapter given to "dissection hints" gives the lines of incision necessary to best expose the underlying organs, arteries, nerves or muscles. The chapter on Gynæcological Anatomy can be found only in the more expensive work of Savage. The pronunciation of each anatomical term is given, be it artery, vein, nerve, muscle, or bone. Over 100 pages are devoted to the anatomy of the special organs and viscera. The book has been honored by a re-printing in England after some three thousand copies had been sold over there by the American publishers.

PHYSICAL DIAGNOSIS AND PRACTICAL URINALYSIS. An Epitome of the Physical Signs of the Heart, Lung, Kidney and Spleen in Health and Disease. Edited by JOHN E. CLARK, M. D., Professor of General Chemistry and Physics in the Detroit College of Medicine. Forty-one illustrations. Cloth, 12mo, 200 pages; price, postpaid, \$1.00. Illustrated Medical Journal Co., Publishers, Detroit, Michigan.

In the arrangement of this work the object has been to present to the medical student and practitioner a systematic and con-

densed course of Physical Diagnosis and Urinalysis. The portion on Urinalysis will be found to consist of two parts, practical and reference. The editor believes there is a demand, in many medical schools and by many medical students, for a short definite course of organic chemistry, touching alone on those subjects of every-day interest to the medical practitioner, such as the analysis of urine, chemical and microscopical; the examination of spots, bile, blood, bacteria, etc; method for the quantitative estimation of the more important urinary constituents, normal and abnormal, such as urea, chlorides, sugar, albumen, etc. To meet these requirements the editor has compiled this volume. Teachers in the laboratory will find the work of advantage as giving the plan for definite instruction with such manipulatory details as will enable students to pursue the course of urine analysis with the minimum of assistance. This is essentially the same as the course given by the editor in the college with which he is connected. Plates have been introduced as needed to still further assist in elucidating the text.

Paper Money as a Carrier of Infection.

The possibility of infection being conveyed to a large number of persons by means of paper money has often been suggested, and an examination of the notes of the Bank of Spain current in Cuba, which has recently been published by Drs. Acosta and Rossi in the *Cronica Medico-Quirurgico de la Habana*, shows that this form of currency is indeed liable to contain septic germs. The notes chosen for their experiments were some that had been in use for a good while, and were such as represented values of a few pence only. It was estimated that two notes, weighing altogether about fifteen grains, contained more than 19,000 germs of various kinds. Cultures were made in broth, gelatin, and agar, and these were injected into the peritoneal cavity of rats and guinea pigs, most of which died within twenty-four hours, the post-mortem examination showing signs of peritonitis and congestion of the liver and kidneys. The blood of the heart and peritoneum was made use of to inoculate solid media, in which colonies developed so rapidly that it was impossible to determine their precise nature, many different forms being intermingled.—*Medical Age*

Selections.

The American Electro-Therapeutic Association.

A very full program is announced for the coming meeting of the American Electro-Therapeutic Association which is to be held in New York, at the Academy of Medicine, 17 West 43d Street, October 4th, 5th and 6th.

There will be two interesting discussions, one upon "The Relative Foeticidal value of the different Currents and their Application to Ectopic Gestation," to be discussed by many prominent Gynecologists and Electricians, and another upon "Cataphoresis and its Practical Application as a Therapeutic Measure."

Papers are announced by Drs. Geo. J. Engleman, Wellington Adams and Geo. F. Hulbert, of St. Louis; Wm. F. Hutchinson, of Providence, R. I.; Franklin H. Martin, of Chicago, Ill.; A. Laphorn Smith, of Montreal, Canada; R. J. Nunn, of Savannah, Ga.; Thomas W. Poole, of Lindsay, Ontario; C. Eugene Riggs, of St. Paul; W. J. Herdman, of Ann Arbor, Mich.; D. S. Campbell, of Detroit, Mich.; G. Betton Massey, of Philadelphia; Henry D. Fry, of Washington, D. C.; H. E. Hayd, of Buffalo, N. Y.; J. H. Kellogg, of Battle Creek, Mich.; C. G. Cannaday, of Roanoke, Va.; Ernest Wende, of Buffalo, N. Y.; and Wm. J. Morton, Augustin H. Goelet, A. D. Rockwell, Landon Carter Gray, Robert Newman, Ephraim Cutter, Frederick Peterson, G. M. Hammond, F. Van Raitz, of N. C., and many others. Dr. J. Mount Bleyer will give an instructive lecture with demonstrations entitled "The Phonograph and Microphonograph, the Principles underlying them and their Uses in the Sciences."

In connection with the meeting there will be an exhibition of Modern Medical Electrical Apparatus, all the prominent manufacturers being represented.

The social part of the program includes many pleasant surprises.

Sterility Following Typhoid Fever.

It is said to be a popular belief in England that a man who has had typhoid fever in his youth is incapable of begetting children. Why he should be sterile is not explained.

A Literary Gem.

In the Dallas Morning News, of the 14th ult., appeared an editorial on the notorious King case of Memphis, Tennessee, under title of "King's other crime," which is a literary gem. The following is an extract :

There is a moral aspect to the H. Clay King case which seems to have been obscured by the miasmatic fog of maudlin sentiment that hangs about the distinguished criminal. It will be remembered that Col. King became enraptured of bewitching Dame Pillow, and in the heyday of his illicit love turned traitor to the first and highest duty of manhood by deserting the wife of his bosom and the children of their union. With brazen defiance of decency he established his mistress in a handsome mansion in the city of his residence as a monument of his degradation and a token of the brutal humiliation of his lawful wife and children. It is no palliation to say that Mrs. Pillow was an adventuress. Col. King was a free moral agent and if such a man is not to be held accountable for his acts, then indeed will lust have license to ravish all that is sacred in society and run riot in the temple of the fireside. There can be no relaxation of the family obligation. If that be lost all is lost. The crime of infidelity treads with iron heel upon the pulsing petals of consecrated love blossomed for caresses and blushing with pure emotion barely whispered to the inner and to the other self. It smites with mailed hand the heart that lives on love of mate and throbs impetuously with pent-up fondness yearning for the consolation of responsive touch. With brutal force it rends the bonds that are spun from the living tissue of chaste devotion with which man is wont to bind himself to woman. It is treason to the highest and tenderest sovereignty of civilization. It is apostasy to the holy image of the hearthstone and breach of the highest form of human contract. This is the measure of Col. King's wantonness, this the status of the other crime that forms the dark and degraded background of the deliberate assassination of which he stands convicted. After the sensuous adventure had run to the extremity of cyclonic ruin, there followed the usual whirlwind of mutual distrust, jealous rage and violent rupture. It seems that there is something in nature which comes to the relief of deadened shame, and when self-respect had lost itself in

the ignominy of self-debasement the senses revolted and caused the abnormal alliance to be severed in reciprocal disgust. It generally happens that these illicit loves are breeders of desperate hate and direful revenge.

An Eminent Lawyer's Portrait of His Physician.

Hon. Thomas F. Bayard delivered the commencement address before the Baltimore College of Physicians and Surgeons at its recent twentieth anniversary. His theme was to show the points at which the legal and medical professions touch in the homes of misfortune and suffering, especially that afflicting the mind rather than the body. In his long experience of life he has witnessed that "brotherhood of the lawyer and doctor at a common fountain," that which never ceases flowing—the fountain of human sorrow and distress. Each profession has its function of cure, and the power of prevention. The necessities of modern social life make the physician a repository of a host of secrets, which become sacred to him because these secrets are essential to his full knowledge of the patient's requirement. In enlarging upon these opinions Mr. Bayard becomes more specific and personal. He refers to his own circle of acquaintance and sketches the portrait of a physician who has carried consolation as well as medicine into the homes of his Delaware circuit :

"The physician," he said, "who thus relieves sorrow and anxiety by receiving and sharing them, can make no proclamation of his well-doing or the service he has rendered, and if he ever hears an applauding voice, it is now and then, but not always the 'still, small voice of gratitude.' I doubt if there were any real physicians among the sect called Pharisees. Luke was called 'the beloved physician,' and in his history I find no suggestion that Luke was a Pharisee.

"You will perceive that it is upon the duties and responsibilities of physicians and lawyers as citizens that my comments have been chiefly made, for I never knew a really great physician who was not greater as a man—I mean whose greatness did not rest upon his personal and moral basis, which elevated and strengthened his professional life, infused itself into the community in which he lived, and was in fact the underlying and pervading cause of his

influence and consequent success in his profession. It has been my personal fortune to know such a man. It has been my privilege and delight to accompany him in visits where his only medicines were the personal presence and conversation of the man himself. He had shared and had lessened their anxieties, counseled the wayward; had led the sick back to health; cheered the weak-hearted; had 'rejoiced with them that did rejoice, and wept with them that wept.' And I have seen such a man so surrounded by an atmosphere of love and trust, holding, as it were, the heart-strings of a family in his hands, their guide, philosopher and friend, and then I realized what a moral force in society the profession, properly comprehended and properly followed, was capable of exerting, and how relatively small a part of its usefulness was the administration of medicine.—*N. Y. Med. Jour.*

Alexander (W.) On the Restoration of the Apparently Drowned.

In my lectures of instruction on this subject I have been in the habit of teaching a combination of the two plans, Sylvester's and Marshall Hall's. Having first placed the patient on his back on an inclined plane with *the feet raised*, and the head thrown forcibly backwards, which insures the raising of the epiglottis, thus affording a means of exit to any fluid in the air tubes, and likewise a means of entrance for air when artificial respiration commences; with an assistant to steady the feet, the forearms are seized and forcibly extended above the head, then brought down suddenly to side, a hand of each operator at the same time pressing downwards the ribs in front; the patient is then rolled over, taking care that the face is not injured, then brought back quickly to the original position. This is to be repeated eighteen times to the minute, and always to the same side, till natural respiration is established, as it seems in accordance with reason that if water has invaded the lungs, it would give a person a better chance of resuscitation to thus clear one lung by gravitation and expulsion, and when life was restored then to vary the position. Warmth should, of course, be promoted by friction and hot flannels if available, care being taken not to give the *coup de grace* by pouring brandy or other alcoholic drink into the mouth before the power of swallowing is re-established.—*Edinburgh Med. Jour.*

The Use of Water in Fever.

BY J. A. HOPKINS, M. D.

Whilst the medical world is on the move and has done much in the way of discovery of new remedies which lower the temperature of the body in fever, we hear but little of external medication. It is true that the books speak of baths, and the application of lard or oil, the use of which will do much for the relief of the patient by the softening of the surface and nourishing the system, but in order to gain any permanent relief they should be applied at regular intervals of one, two, or three hours, as the temperature of the patient may indicate.

There is another remedy, however, perhaps more powerful than any of these, and that is cold water. There is scarcely any form of fever whatever but will be benefited by sponging the patient gently. It may seem cruel at first; but the benefit is soon so apparent and the use of it so grateful to the patients that they will often ask for its repetition. We all know how refreshing and cooling a drink of water is to us in health, upon a warm day in summer; and yet, how much more is it to a patient being burnt up with fever! But what, perhaps, is a better way of application is to fill a vessel with the cold fluid and pour it in a small stream, from a height of one or two feet, upon the wrist of the sick person, for five minutes. By so doing you will rapidly reduce the temperature. The weight of water and the evaporation of it tend very much to increase its good effects. The cooling stream directly over the ulnar and radial arteries tends to cool the current of red-hot blood which is passing through them. The coats of the arteries are contracted, which lessens the flow as well as cools the blood. Within the short time of half an hour you will find the temperature sensibly reduced, and by repeating the application when you find the temperature rising you will be pleased to know you have a remedy which is always safe and sure; the patient always expressing himself as feeling very much better, if he is conscious. You will do in a few moments what you cannot do in hours by internal medication. We ask the profession to try it, and in the way we speak.—*Exchange*.

Milton, Del., June 28, 1892.

Overcrowded Professions.

There is a great deal being said, at this time, concerning the overcrowding of the professions, notably the medical profession, and it is proposed to remedy this state of affairs by rendering the adoption of this vocation more difficult to the average medical candidate by lengthening the term of medical education and enacting certain stringent laws governing practice in the different States.

Viewing the question from a disinterested and dispassionate point of view, it seems to the writer that the remedy proposed will but increase the trouble. It is not that there are too many physicians following the medical calling, but too many men. As Daniel Webster remarked to his young friend, there is room at the top and to spare, but around the bottom of the ladder cluster a crowd of men of mediocre ability, struggling, pushing, elbowing their way, and viewing every new comer and each other with jealous and suspicious eyes.

There are a great many men in the medical profession who have no natural aptitude or liking for their vocation, and who might have been happy and successful in another line, but who, through stress of circumstances, have been compelled or induced to become physicians.

There are many families in which a delicate son, unable to follow active pursuits, is immediately booked for a professional life. In other words, the father, having tasted the fruits of success in trade, fondly desires to have a literary man in the family, and forthwith places his son, with his inherited paucity of brain and plethora of pocket, together with an acquired indolence too often found among the children of well-to-do parents, at a medical college or law school.

Such students are simply able to comply with the requirements of the measures proposed to prevent the overcrowding of the medical profession. They possess money and time in abundance, but the graduation of such physicians will fill the ranks with incompetent men, whose work will always be of a half-hearted character, because of the lack of that mother of all inventions—mental as well as mechanical—necessity, and because they do not possess

that love for and devotion to their calling so absolutely essential to success.

It is a misdirection of ability and talent and abuse of power, to permit or compel any man to follow which does not strongly appeal to his mental powers and natural tastes; and it is upon this basis, and this basis only, that the overcrowding of the professions will ever be prevented or regulated.—*Brief.*

Notice.

The Quiz class conducted by Dr. Joseph Collins, of New York, will organize for its winter's work on October 1st, 1892.

Students prepared for their college, hospital, and State examinations. An average of 50 per cent. of the members of this quiz class are successful in securing hospital appointments.

Preparation for the positions in the Army, Navy, and Marine services a specialty.

A general direction of a student's studies from the beginning will be assumed when desired. Students beginning the study of medicine can, for a small extra charge, sign under Dr. Collins as their preceptor, and have all responsibilities assumed. Frequently young men coming to New York to study medicine waste a good portion of their first year by not knowing what to do and how to go about it. An experienced quiz master obviates this.

The class has always been composed of Southern men and references can be made to physicians in almost every State of the South. Correspondence solicited.

Address, DR. JOSEPH COLLINS,
153 Lexington Ave., New York City.

Sir Edwin Doesn't Mind It.

An expert in cholera, Sir Edwin Arnold, says cholera is a "disease of dirt and cowardice." It is not a thing for a healthy person to fear. "Drink," he says, "no milk or water that has not been boiled, scald your vegetables and take five drops of hydrochloric acid in half a cup of hot tea and you can walk unharmed in the midst of cholera." Cold weather, he asserts, will check the disease. Sir Edwin's experience in India, the home of cholera, enables him to be more cheerful about it than Americans know how to be.—*Sun.*

Literary Note.

We are informed that in view of the general interest awakened in the Cholera, Dr. Klein's well known little book on "The Bacteria in Asiatic Cholera," published by Macmillan, has been reduced in price to one dollar. Dr. Klein is lecturer at St. Bartholomew's Hospital, London, and is an acknowledged authority on Bacteria.

Dr. George J. Fisher has compiled a large number of odd names of doctors of medicine and queer titles of medical treatises, occupying several pages of the *N. E. Med. Monthly*, April, 1891. We extract a few samples from this interesting collection, the genuineness of which is vouched for by the thoroughly reliable and highly esteemed author of the paper. The following are odd titles of medical books :

"Albut on the Lungs" (not quite), "Astrue on Venereal," "Bigg on Spinal Curvatures," "Blower on Ingrowing Toe Nail," "Budd on the Liver," "Bully on the Cholera," "Butchery on Surgery," "Burns on Inflammation," "Chew on Medical Education," (read and ruminat) "Comb on the Head," "Cock on Woman," "Cockburn on Gonorrhœa," "Cutter on Anatomy," "Cutter on Ovariectomy," "Foot on the Bladder," "Fox on the Stomach," (see Hare on, Payne on, Stone on) "Gay on Ulcers," "Good Study of Medicine," "A Guide on Elephantiasis," "Grieve on Smallpox," "Handy Text Book on Anatomy," "Hare on the Stomach," "Hope on the Heart," "Hell on the Cholera," "Hurt on Rigid Perineum," "Hyde on Skin Diseases," "Jolly on Danger of Chloral," "Kuss on Physiology," "Leach on Dysentery," "Little on Spinal Curvatures," (see Bigg on) "Lomax on Insanity," "Noble on the Brain," "Oldcock's Receipt Book," "Payne on the Stomach," "Pepper on Pork," "Perfect on Insanity," "Pretty Aids During Labor," "Playfair on Obstetric Operations," "Pott on Urine," (should be Urine in Pot) "Ringer on Sweating," "Saissy on the Ear," "Savage on Female Generative Organs," (with colored cuts) "Short on Mortality Bills," "Stone on the Stomach," "Strange Restoration of Health," "Thorowgood on Asthma," "Thin on Sunstroke," "Tilt on the Uterus," "Ware on the Eye," "Waters on the Chest," "Wise on History of Medicine," "Wiseman on Surgery," "Wright on Headaches," "Zink on Iodine."—*Col. and Clin. Rec.*

Abstracts.

Higher Medical Education—Medical Legislation.

It makes me tired to read the cry of "higher medical education," making it unlawful for any medical college to graduate a student under three courses of lectures and one year's instruction under the supervision of a preceptor. The cry is, "the people." "We want to protect the people from the fraudulent schemes of quacks and charlatans, and therefore, desire this 'higher education.'"

The physicians that are raising this hue and cry know that they are acting a lie when they make such statements. Those physicians of the higher (?) stamp are the identical parties who desire protection. They are in favor of the four years' course because it diminishes the number of graduates, who interfere very materially with the size of their territory. In other words, they think there are too many reapers in the field, and as their scythe of knowledge has become somewhat dulled by striking against the stump of fogyism, they cannot hope for a very large share of the harvest.

The people are amply able to protect themselves, as they have recourse to the laws of the United States, which were enacted for the good of every citizen of this country, and if any man considers himself unnaturalized, let him hie himself to a place of safety, and stay there forevermore, and not ask physicians or medical colleges to remedy matters that are under the surveillance of the head of affairs at Washington.

Some of the most treacherous and ignorant of quacks are safely hidden behind diplomas awarded by our best schools. A diploma is no more the sign of a finished and competent scholar than fine dress and appearance are indicative of a high moral standard.

Not long ago I was called to attend a case of abortion, which was in charge of a young physician who was not a graduate. A graduate of a good medical school was called before I had seen the case, and he said that the womb would need curetting out should any hemorrhage occur. When the next hemorrhage occurred, he was called; and after making a digital examination said the fetus had been delivered and it was not necessary to use the instrument, and that she would be on her feet in a few days—this after uterine

hemorrhage of three weeks' duration! He therefore took his leave, informing them that he would have the young physician in charge arrested for ignorance. Three days after this I was called in and delivered a two months' fetus and placenta, which were in a putrid condition, and attended with copious suppuration.

Now this physico-diplomat is a member of the medical association, one of those members so minutely described by Dr. Lockhart in the *Brief* for June, as the "educated ass."

He, with the rest, paws the earth and adds his bellow to the already prolonged howl of "protect the people."

Nelson, Ia.

J. H. KERN, M. D.

Sir Joseph Lister, the distinguished surgeon, closed his career as a clinical lecturer in King's College, not long since. According to the regulations of that institution a professor must, except at the special request of the Council, on attaining the age of sixty-five, resign his professional duties, although there is no apparent diminution of his mental or physical energy. Sir Joseph Lister seems as active and able now as when, twenty-three years ago, in the midst of his early experience on antiseptic dressings, he resigned his chair of Systematic Surgery in the Clinical Surgery chair of Edinburgh University. The authorities of King's College, recognizing the eminence and great ability of this distinguished surgeon, have so far relaxed the rules of the institution that they have determined to retain his services in the wards of the hospital for another year, his duties as a clinical teacher, however, being transferred to younger hands.—*Medical Review*.

A law to suppress tuberculosis, especially in milch cows, was enacted by the last New York legislature. In general, the law authorizes the health inspectors to examine all the cattle in the State, and, when the disease is found, to cause the animal to be killed. The owner will be reimbursed for the actual value of the cow. The plan of carrying on this inspection has not been decided upon. The dairy statistics of the State show that milk production is the largest industry in the State, and that it is greater than that of the milk production of all the other States put together. There are 11,600,000 milch cows in the State. The farmers sell to New York City \$11,500,000 worth of milk, and to the people of the whole State \$40,000,000 worth.—*Ex.*

Lady Bicyclists.

BY G. A. WILLIAMS, M. D.

Bishop Coxe, in addressing the young lady graduates in a Chicago school, said he hoped he might never see any of them astride a bicycle, for it reminded him of the witches of old riding their broomsticks. All these crazes, such as roller-skating, the sunflower mania, Nelly Blyism (that is, a desire to wear men's caps and boots and travel all over the country alone), all slang expressions, etc., are very short-lived. Like the shoals of sand, they are here one day and away the next, and it is generally conceded that a person is much better without adopting them. These particular fads are, as a rule, not taken up by people with a proper sense of decorum; and, although we have the utmost admiration for the woman who can do something clever without making herself too conspicuous, we have yet to meet the heroine of a career who is not brazen and tiresome—it is not her fault, but the result of contamination. No one can elbow the street crowd without losing some of the sweetness we prize in woman; the gain that comes from the outer world—the shop, the rostrum, and the public procession—is more than outweighed by loss of modesty, gentleness, faith and womanly dignity.

Some say they ride astride the bicycle, others say they do not. This question would certainly be difficult to decide without a close investigation, which would be inconvenient—to say the least. We have already noticed that bicycle-riding is injurious to young women, having a tendency to act as the sewing machine. The excessive action of the legs keeps the pelvis organs in a constant state of congestion, and must certainly produce certain displacements and various kinds of weakness.—*Exchange*.

Bay City, Mich.

A Remarkable Answer.

At a teachers' examination in Jones county, Ia., in answer to the question, "What is hygiene?" a young lady applicant for a certificate to teach school, answered: "It is the soft spot on the top of the baby's head, which gradually grows harder as the baby grows older."

Bernhardt's Balm.

For a long time it has been popularly supposed that Sarah Bernhardt was possessed of some secret balm which preserved her youth, but the great actress has denied such rumors and has claimed that it is only by rational care of herself that she has perpetuated her fresh looks. Lately, however, she has confessed to a rejuvenator from which she gets unfailing refreshment. It is a liquid in which she is bathed from head to foot—an *eau* sedative, Madame Bernhardt calls it. The prescription is as follows: Two ounces spirits of ammonia, two ounces spirits camphor, one and a half cups sea salt, two cups alcohol. Put all into a quart bottle and fill with boiling water. Shake before using. The method of application is very simple. She is bathed with a soft sponge dipped in the undiluted liquid and dried with the slight friction of a smooth towel. After the bath the stiffness and soreness of fatigue is all gone; the circulation is stimulated and a gentle languor is induced, followed by a desire to sleep. Such is the meat on which our Cæsar feeds. Whether other women can be kept fair and unwrinkled by such means is a question left for experiment to decide.—*The Formulary*.

AN Army Medical Board will be in session in New York, during October, 1892, for the examination of candidates for appointment to the Medical Corps of the United States Army, to fill existing vacancies. Persons desiring to present themselves for examination by the Board will make application to the Secretary of War, before October 1, 1892, for the necessary invitation, stating the name and place of birth, the place and State of permanent residence, the fact of American citizenship the name of the medical college from whence they were graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates based on personal knowledge, from at least two physicians of repute, as to professional standing, character and moral habits. The candidate must be between 21 and 28 years of age, and a graduate from a regular medical college, as evidence of which his diploma must be submitted to the Board. Further information regarding the examination may be obtained by addressing C. Sutherland, Surgeon-General U. S. Army, Washington, D. C.—*Exchange*.

Extirpation of a Uterus and Fallopian Tube from a Hernia in a Man.

Bœkel (*Ann. de gynec. et d'obstet.*; *Med. Chron.*, August, 1892) communicated on account of this case to the *Academie de medicine* on April 19th. A young man, twenty years of age, consulted him on account of a congenital hernia which was causing pain. On performing the operation for radical cure, the operator found the sac empty, but its posterior wall inclosed a triangular body, covered by peritonæum, which was at first taken for an intestinal diverticulum; but the inguinal canal was empty, and the organ in question had no connection with the alimentary canal. Pressure made on the abdomen below the ring caused a pearly-white oval body to present at the external inguinal aperture. Parallel to this and just above it was attached a fimbriated cystic body, which could be nothing but a Fallopian tube. These organs were removed *en masse*, and the operation was successfully completed. The parts removed consisted of three portions. There was first a two-horned womb, with a cavity lined by mucous membrane and ciliated epithelium. Secondly, there were a tube and a testicle with epididymis and vas deferens. Thirdly, there was a broad ligament connecting and inclosing these two organs.

This is said to be the only known instance of female genital organs being contained in the scrotum of a man otherwise normally developed and having all the characteristics of his sex.—*N. Y. Medical Journal*.

The Doctor as a Debtor.

There is a good deal said in medical journals about the doctor's bills and the hard time he has to collect them. It seems that there are doctors who are debtors, and who are not very responsive to just monetary claims upon them. We are rather glad that the Cleveland boy, as narrated below, got the best of the debtor (*Med. Rec.*). The boy in question had a customer, a certain South Side doctor. When the physician's bill reached \$1 the boy presented it. It was hard to collect. The boy called several times, but the doctor never had the dollar. The physician moved away and the lad lost sight of him for a time, but finally located him on the West Side and renewed his attacks. At last one day he told his

mother he would make one more effort, and then if that were not successful he would give it up. Accordingly he went to the doctor's office and found the doctor out. But inside the door hung the customary slate. On it the boy wrote, "Call at — Street, William Smith." The doctor called and the boy saw him coming up the street. He told his mother what he had done, and said: "Now, I will go and hide and you can show him the bill." "I will do nothing of the kind, Willie Smith," said the lady, "and you ought to be ashamed of yourself." A young lady visitor in the family thought more of the scheme and, confronting the doctor at the door, presented the bill. The professional man said that the joke was on him, paid the dollar, and went away laughing.—*Review*.

The existence of cholera in the United States either this year or next would prove disastrous to the World's Fair. This result would be fatal if the impression became general that the water supply of Chicago was infected, no matter what the facts might be. The prevalence of typhoid in Chicago is already a matter of general knowledge, and its connection with impure water has been stated over and over again in the medical journals. The *Journal of the American Medical Association*, which is published in Chicago, says in its issue of July 23d: "That it should be necessary, month after month, to boil and filter every pint of water that is used for drinking purposes in a city of more than a million of inhabitants is a scandal of monumental proportions upon the city government." A friend who passed the last year in Chicago informs us that the water left standing in pitchers over night is so offensive that it cannot be used. The failure of Congress to pass an appropriation would not have been so serious a blow by half to the success of the Fair as the continuance of the present condition of the city's water supply.—*Brooklyn Medical Journal*.

A Pardonable Error.

"This," said the professor, throwing a diminutive blot on the screen," is a section of a bacillus."

"Ah," remarked an attentive listener, "I imagined it might be a section of railroad after Gould had been bearing the stock."—*Town Topics*.

Sea-Sickness.

Anything which will relieve the horrors of sea-sickness will be most welcome to the thousands who are obliged to cross the ocean and to the tens of thousands who are only deterred by fear of the discomfort. The *British Medical Journal* has recently contained letters from some of the leading physicians, including Grailey Hewitt, Robert Barnes and Prof. Chartiris on their professional experience in sea-sickness. Prof. Chartiris calls the attention of the medical profession to a combination which he calls "chlorobrom," containing to each dose thirty grains of chloralamide, the same of potassium bromide, in an ounce of menstruum. The patient is recommended to move the bowels before starting, and before getting into rough water take the mixture; sound sleep occurs, and when he awakes he is all right for the rest of the voyage. At the least, this has been the experience of those who have used the remedy. Prof. Chartiris says:

"1. This solution is absolutely safe and harmless, and produces refreshing sleep without any baneful after-effects.

"2. When judiciously administered it prevents, and in all cases alleviates, sea-sickness. The effects of the drug may be expected to begin in from thirty to ninety minutes after dosage; and the duration of sleep thus induced will be from five to eight hours. The quality of sleep is said to be refreshing, natural and devoid of disagreeable sequels in nearly all cases."

Feticide vs. Cesarean Section is the manner in which it is put by the *New York Journal of Gynecology and Obstetrics*, which states that at the recent meeting of the American Medical Association at Detroit, the President of the Section of Obstetrics and Gynecology made a few remarks on the subject of Craniotomy vs. Cesarean Section. As a question of Expediency, in view of the low death rate which attends the latter operation and that of Porro, we feel that Dr. Montgomery is right in "doubting whether the living child should ever be subject to embryotomy." It has been a vexed question, and obstetricians may congratulate themselves that improved methods will do away with the awful responsibility which is involved in considering the destruction of a living child. We understand that according to the laws of this State the sacri-

fice of a living child under any circumstances would be murder, although no jury could be found which would literally enforce the laws. We are thankful that the question can be avoided.—*Medical Review*.

A Point in Expert Evidence.

In a late railroad case in New York, the court said in regard to expert evidence: "A physician, after testifying to his personal observation of a bruise in the breast of plaintiff, caused by the accident, and to a subsequent inflammation and abscess, occurring after child-birth, in the same place, can be allowed to state that, in his opinion as an expert, the latter were caused by the former." The question presented, therefore, is whether the physician, after testifying to his personal observation of the bruise and the fracture, and the subsequent inflammation and abscess, in the same place, could state that, in his opinion as an expert, the latter were caused by the former. The opinion of a medical expert, based upon facts within his knowledge and observation as to the nature of the affliction from which a party is suffering, and whether it was produced by violence or disease, has long been held competent by this court.—*Virginia Medical Monthly*.

The late Dr. Vandell was fond of telling the following joke on himself: A lady patient of his, on entering his consultation room one morning, greeted him with the remark, "Doctor, I had such a singular dream about you last night." "Indeed," said the doctor; "what was it?" "Why, I dreamed I died and went up to heaven. I knocked at the golden gate, and was answered by St. Peter, who asked my name and address, and told the recording angel to bring his book. He had considerable difficulty in finding my name, and hesitated so long over the entry when he did find it that I was terribly afraid something was wrong; but he suddenly looked up and asked: 'What did you say your name was?' I told him again, 'Why,' said he, 'you've no business here. You're not due these ten or fifteen years yet!' 'Well,' said I, 'Dr. Vandell said—' 'Oh, you're one of Dr. Vandell's patients, are you?—that accounts for it. Come right in! that man's always upsetting our calculation in some way.'—*Exchange*.

Hot Springs Ahead.

The New York correspondent of the *Medical Age* gives the following table of the proportion of physicians to inhabitants in some of the cities of this country:

	Doctors.	Inhabitants.
Charlotte, N. C.....	I	to 500
New York City.....	I	to 750
St. Paul, Minn.....	I	to 800
Detroit, Mich.....	I	to 700
Boston, Mass.....	I	to 500
Chicago, Ill.....	I	to 600
Tallahassee, Fla.....	I	to 100
Washington, D. C.....	I	to 300
Bismarck, N. Dak.....	I	to 350
Hartford, Conn.....	I	to 400
Denver, Col.....	I	to 300
San Francisco, Cal.....	I	to 475
Little Rock, Ark.....	I	to 500
Prescott, Ariz.....	I	to 500
Montgomery, Ala.....	I	to 350
Hot Springs, Ark.....	I to 200 (15,000 Residents.)	
Hot Springs, Ark.....	I to 1,000 (60,000 Visitors.)	

Preventable Disease.

During the sixteenth and seventeenth centuries epidemics swept over the civilized world, almost depopulating it. Smallpox alone never entirely ceased, and every few years it became a great epidemic, even as late as the eighteenth century. Almost every person sickened of it once in his life. An immense number were blinded. Of infants, one-third died before their first year and one-half before their fifth year. Asiatic cholera, the black death, typhus fever, and other epidemics also wrought fearful havoc. Sanitary art, now become sanitary science, stands an able protector against such as these. Armed with the effective weapon she places in our hands, we no longer dread such fearful visitations. Yet this science is but in its infancy. When it has reached its full growth the filth diseases, now already called the "preventable diseases," will be things of the past.—*Dr. Cyrus Edson, in June Forum.*

Antiseptics and Disinfectants.

The prevention of disease is the unselfish mission of the modern physician. Antiseptics and disinfectants to-day occupy the first place in medical and surgical practice. Diluted solutions of acids have been strongly commended as preventive of cholera. The Liquid Acid Phosphate is an efficient agent in securing the desired condition of acidity.

Copper Arsenite Tablet Triturates, $\frac{1}{100}$ and $\frac{1}{5000}$ grain, have been extensively and successfully used in dysentery and diarrhœal disorders and are indicated in cholera, both for specific action in controlling intestinal secretion and for relieving the profound anæmia.

Eucalyptus and Thymol Antiseptic is adapted for use as an antiseptic internally, externally, hypodermically, as a douche, a spray, by atomization, and as a deodorant. Its application in surgery is unlimited. It is an excellent dressing for wounds. It combines the antiseptic virtues of benzoic acid, boric acid, oil of peppermint, oil eucalyptus, oil wintergreen, oil thyme and thymol.

Tablets of Yellow Oxide of Mercury, containing two hundredths of a grain of the oxide, are a valuable prophylactic against dysentery and enteric fever. They prevent fermentation and putrefaction, and render aseptic the alimentary tract.

Chloranodyne is a combination of anodynes, antispasmodics, and carminatives which has been widely employed in gastric and intestinal troubles. It acts very happily as an anodyne and as an astringent in cholera, dysentery, diarrhœa and colic.

Antiseptic liquid arrests decomposition and destroys noxious gases that arise from organic matter in sewers and elsewhere, and may be used in cellars, barns, outhouses and the sick room.

Antiseptic Tablets are convenient for the extemporaneous preparation of antiseptic solutions of definite strength of mercuric bichloride for disinfectant purposes and for antiseptic sprays.

Disinfectant Powder possesses in a high degree disinfectant, absorbent and antiseptic properties. It is admirably adapted for the disinfection of excreta in cholera, yellow fever and typhoid fever.

Sulphur bricks are effectual in the fumigation and disinfecting of rooms after infectious diseases.

Ethereal Antiseptic Soap (Johnson's) was devised by an experienced nurse in the surgical clinic of the Jefferson Medical College.

Its marvelous cleansing powers make it a valuable adjunct to the armamentarium of the physician and surgeon. Mercuric Chloride can be dissolved in it in ordinary proportions.

Parke, Davis & Co. will be pleased to forward, on request, any information desired concerning these products.

A Solid Truth.

How few young men there are who allow themselves to be influenced by the fact that unsound fathers cannot have sound children, and if they are intemperate either in eating, drinking, smoking or in the practice of any of the questionable habits, as an inevitable consequence their children will be below the standard, both mentally and physically—in other words, the penalties of indiscretions of this sort must be paid by the innocent offspring as well as by the parent, who is alone responsible.

The words of Dr. Buckel are well worth recording, and they are none too emphatic: "Let young women learn that if they marry fast men they will quickly sink into ill health and self-contempt, even if they do not have children to weep over and regret that they were born sickly, puny things, that have to struggle through life weighed down by the ignorance and vices of their parents. Such children are worse deformed than club-foot or hare-lips can make them, and their fate is more pitiable."—*Boston Journal of Health*.

"A Wise Woman."

A boy near Berlin sprained his foot in the first week in this month (*Lancet*). His mother fetched a so-called wise woman (Kluge Frau) who had acquired a reputation for miraculous cures. She resolved to cure the boy by sympathy. She pulled and squeezed the foot, repeating formulas the while, till the poor lad fainted with pain. To enhance the effect she scratched the skin of the swollen foot at several places and rubbed ointment into the wounds. Next morning the whole leg was swollen and extravasated with blood. A doctor was sent for and declared the boy to be suffering from blood poisoning, which rendered it necessary to amputate the leg. The operation was performed in the Charite, and the wise woman is to be, or has been, prosecuted.—*Review*.

Miscellaneous.

Dr. Mott's Report on Natrolithic Salt.

The value of a medicine is dependent upon the nature of the ingredients it contains, also the percentage of such important elements as tend to characterize it as applicable for specific objects. Natrolithic salt is most valuable, in such cases as habitual constipation, rheumatism and gouty affections, and as a corrective of acidity in cases of dyspepsia or heartburn. There can be no doubt as to this fact, which is clearly established by a careful study of the nature and percentage of the various mineral salts present.

Cholera Infantum.

BY W. E. WILSON, M. D.

As to treatment there is a host of drugs recommended, among them being calomel, bismuth, arsenite copper, opium and ipecac. I regard minute doses of calomel and ipecac every ten or fifteen minutes a very efficient remedy in this disease. Bismuth subnitrate also has proven of value. Arsenite of copper has been a complete failure in my hands, while some of my neighboring physicians report good results from it. Chloranodyne in one-drop doses every fifteen minutes until vomiting is relieved, is one of the most valuable remedies that I have used for young children. Salol is a remedy that I have had no personal experience with, but good results seem to follow its use in other hands; and I expect to give it a trial the first opportunity. Opium I regard as unsafe, and rarely ever use it with children under one year old. When the hydrocephaloid stage is reached, the following prescription of Dr. J. Lewis Smith's seems to be of value:

R.—Tr. calumbœ	3ij
Liq. ferri nitratis	gtt. xvij
Syrupi	3ij
M.—Sig. Teaspoonful at a dose.	

Last, but not least, strict attention must be given to the diet, especially if the child is bottle fed.—*Times and Register*.

Nothing acts as well as Aristol in the healing of Syphilitic Chancre. It is safe, inodorous and non-toxic.

Young Tobacco-Users.

According to the *National Druggist*, a Parisian school director recently stated to Dr. Laurent that not only do nearly all the boys of over twelve smoke cigarettes or use tobacco in other forms, but fully one-half of those under twelve, veritable *bambins* or "kids," tots of the tenderest age, use tobacco. To assure himself, personally, of the truth of the statement, Dr. Laurent, in his capacity of school inspector, made the rounds of certain schools, in each of which a half dozen boys of less than twelve were called into a recitation room ostensibly for examination in their studies. The doctor, by a few adroit questions and a little friendly chat with the children, threw them off their guard. Suddenly he commenced to fumble in his clothing; he searched first one pocket and then another, and finally exclaimed, "How tiresome! I have forgotten my tobacco." In an instant four of the six lads had their pouches out and begged the doctor to help himself. We do not doubt that a similar ruse played in an American school would reveal a similar condition of affairs. It is high time that our public school authorities took cognizance of the danger that lies in the cigarette evil among children.—*Medical Review*.

We call attention to the increasing popularity of the Monarch Electro-Medical Office Battery. No other instrument combines so many advantages.

An Alarm Bottle for Poisons.

A Canadian named Trottier has invented a simple and ingenious device to be attached to all bottles containing poisons. It consists of a mechanism fastened to the bottom of the bottle, and so arranged that every time the bottle is lifted or moved it rings the bell. With a death's head for the eye, and a kind of death rattle for the ear, accidents ought to be avoided.—*Med. Record*.

Messrs. Fairchild Bros. & Foster, who are always interested in the preparation of digestive agents, offer Humanized Milk as one of the important food for infants. This house has long been famous for the manufacture of pure digestive agents and artificial foods.

The Bacillus of Soft Chancre.

About three years ago La Riforma Medica published a description by Dr. A. Ducrey, of a microbe that he had found in soft chancres, and that he regarded as the cause of that disease. The bacillus was short and thick, having rounded extremities, often with a lateral groove, and was either isolated or in chains.

In the June number of the *Annales de Dermatologie et de Syphiligraphie*, Dr. Pusey reports the discovery by Dr. Unna of a bacillus that seems to be the pathogenic agent of the soft chancre. It occurs in the form of chains of two or more bacilli, and is most numerous in ulcerated tissue, though it is found between the cells of the environing tissue. It may be isolated in microscopic preparations by coloration with methylene blue, and then decolorized with styrene or ether and diluted glycerine.

In a recent number of the *British Medical Journal* there is a note stating that Quinquaud has confirmed Unna's discovery.—*N. Y. Medical Journal*.

The firm of Bartlett, Garvins & Co., is old and reliable. They keep all kinds of surgical instruments, trusses, bandages, &c. It is the largest instrument house in the South.

Within the present year, the wife of a prominent city official, who gets ten thousand dollars a year salary, appeared at one of our public institutions, where the poor, and the poor only, are given medical care, with her child, for whom she sought gratuitous advice. The applicant answered the usual questions, which are carefully asked, as to her husband's income and occupation, before she obtained a ticket. Of course the questions were not honestly answered. It was only because the attending surgeon of the outdoor department found the case a serious one, requiring hospital care, that the mother, being frightened, confessed that she was able to pay if attention could be given at her home.—*Post Graduate*.

All cases of loss of strength or weakened condition of the system, whether due to overwork, worry or loss of nerve energy will be speedily benefitted by the use of Pratt's Tonic. In the nervous conditions following la grippe its action is both prompt and effectual, restoring strength and tone to the system in a short time.

The Medicinal Value of a Tried American Remedy.

Among the few modern synthetic chemicals, which may justly be termed true derivatives of the coal-tar series, antikamnia is intensifying its hold upon the confidence of the profession, so that now, as the statistics will show, it is prescribed in excess of any of the preparations of this class.

That this faith is justified in practice, is evidenced by its unfailing remedial properties in rheumatism, sciatica, neuralgia, the pyrexia superinduced by sunstroke, hemicrania and la grippe (influenza and dengue); also all neuroses due to irregularities of menstruation. In antikamnia these properties are more speedily, more safely and more efficiently manifested than in any of the others.

Antikamnia is a true derivative from organic substances, and its widespread adoption by the profession has made it the basis of a market for the imitators.

After all, "imitation is the sincerest flattery."

Malaria in Water.

We have quoted from year to year many instances transpiring of severe intermittent fevers as the result of drinking, or even bathing in vegetation-contaminated waters, such as most physicians have been in the habit of endorsing as perfectly harmless. Of the terrible African fever, Surgeon Parke, the companion of Stanley, writes (*Lancet*, May 28): "Perhaps the sharpest attack experienced during this part of the journey was my own, which followed a 'ducking' received in crossing a tributary of the Congo. My donkey slipped accidentally and completely submerged me. This was but the first of a long series of experiences, in which I found that every wetting in equatorial Africa meant a subsequent attack of intermittent fever. Another lesson soon learnt and for which I was still less prepared, was the fact that our donkeys after each corresponding drenching developed febrile symptoms exactly corresponding to those of their human fellow-travellers."—*Sanitary Era*.

"The Diagnostician," a microscope for physiological, histological and pathological research, made by A. S. Aloe & Co., St. Louis, is the best on the market.

Frequent Bathing and Swimming.

Nothing is more conducive to health than frequent ablutions in pure water. Histologists tell us that the human skin contains twenty-eight miles of sweat glands. The enormous amount of organic and inorganic debris constantly accumulating in these small tubes requires repeated bathing to clear them of this obnoxious material. If our observation goes for anything, the majority of people do not bathe. There is no excuse for this great sanitary neglect, especially in the cities. We are blessed in Dallas with splendid natatoriums, supplied with pure artesian water. Artesian water seems to contain a magnetic influence not possessed by surface water and running streams. The great natatorium at the city park, in this city, is supplied with water from an enormous artesian well which pours into the swimming pool hundreds of thousands of gallons of pure water daily. It is visited by the best people of Dallas the entire year. It is a great resort and is constantly growing more popular. Swimming is a great art, and should be taught children while young. It is not only a pleasure, but is, or may be, a great life preserver. We believe that insurance companies should require the applicant to state whether or not he or she can swim. There is no occasion for our people to go to the gulf to learn to swim; Dallas has the finest swimming schools in America, the water being much purer and healthier than the gulf water. Learn your children to swim—it may save their lives some day; besides, swimming is the most healthy exercise possible. Get “in the swim.” There is both money and fun in it.—*Texas Health Journal*.

The preparations of “Pepsin,” made by Robinson-Pettet Co., are endorsed by many prominent physicians. We recommend a careful perusal of the advertisement of this well-known manufacturing house.

I can't pay this bill, doctor. It's exorbitant. I'm no better than I was, either.”

“That's because you didn't take my advice.”

“Ah—well—of course if I didn't take it I don't owe you for it. Thanks. Good morning.”

A New, Safe Method of Administering Toxic Medicaments.

A new departure in therapeutic posology marks a recent enterprise of Parke, Davis & Co., which is in the interests of progress, economy and exactness.

Dr. E. Trouette, in a paper read before the Paris Academy of Medicine, and published in the *Reve de Therapeutique*, entitled "Duodecimal Doses of Toxic Medicaments," proposes a method of obviating the difficulties hitherto preventing the general use of many valuable medicinal principles. The plan he proposes is a new method of posology based on the rational division into twelve parts of the maximum dose which may be given to an adult in twenty-four hours.

The advantages claimed for this method are : First, Accidental poisoning need no longer be feared. Second, Dangerous medicaments may from the outset be given in efficient dose without the least risk.

Parke, Davis & Co. have prepared diurnules and Diurnal Tablet Triturates of a large number of Toxic Medicaments, and will afford the profession full information concerning the new method of posology, with reprint of Dr. Trouette's article.

Incomes of Berlin Physicians.

In Berlin there are 1,615 physicians and 132 dentists, a total of 1,747. Of these there are 855 who do not have an income of 3,000 marks, or \$750 per annum. There are 892 who do not depend on their practice for a livelihood; 150 have much less than 3,000 marks; 250 physicians have an income over 8,000 marks, and 170 over 10,000 marks. The number of physicians who get rich is very small indeed, while the number in debt is extremely large.—*Aze.*

ALBEMARLE CHEMICAL CO., Nashville, Tenn.

Gentlemen:—I have given your Therapine a full and fair trial in rheumatism, neuralgia, and as an anti-pyretic. I cannot speak too highly of it. As long as it is manufactured and contains the power it now does, I will continue to use it.

Your obedient servant, FRED A. DAVIS, M. D.,
U. S. Examining Surgeon Bureau of Pensions, Newport, Ky.,

Treatment of Hay Fever and Hay Asthma.

The fact that many radical cures of this malady have been effected by local treatment of the nasal passages would seem to indicate that pathological conditions of the nasal passages are frequently the cause of the symptoms manifested.

The most rational method of constitutional treatment is one which elevates the tone and increases the normal resistance of the pulmonary nerves. Tonics such as iron and arsenic, and the regulation of the bowels for a few weeks before the period of onset, will do much to lessen the severity of the attack.

Local treatment may be radical or pilliative. Every case should be carefully examined for abnormalities of the nasal passages. Hyperplasia of the mucosæ, and especially thickening over the turbinated bones, should be reduced by the galvano-cautery. A deviated septum should be straightened, and bony spiculæ removed.

For palliative measures, various inhalations are used. Perhaps none have proved more efficient than peroxide of hydrogen, though eucalyptus, creasote and camphor are sometimes of service.

In the paroxysms of hay asthma a combination of the fluid extracts of quebracho, Grindella robusta, and lobelia, given in hot water and brandy, will often afford relief.—*Medical Age*.

NEW YORK, June 25th, 1891.

Gentlemen:—This is to certify that your preparation known as the Cream Kumyss contains no chemical substance foreign to pure milk; and, furthermore, that its susceptibility of keeping without spoiling is only due to the purity of the milk and the excellent scientific precautions used in the process of fermentation.

PAUL FIBIER, M. D.

Dr. Joseph Price (*American Gynæcological Journal*) says that "not much can be expected from schools where the learned professor may owe his position to a hypothetical pedigree, family influence, or dad's purse, and to having spent a few months in Europe in partaking of those refining literary stimulants, Dutch cheese, saur kraut and beer."

A lawyer, who is noted for his absent mindedness, went up his own stairs the other day, and seeing a notice on his door, "back at three o'clock," sat down to wait for himself.

Febriline, or Tasteless Syrup of Quinine.

Quinine Pills and Capsules are very insoluble, often being discharged undissolved.

Febriline, or Tasteless Syrup of Quinine, has been found to be just as reliable in all cases as the bitter sulphate of quinine, and physicians will find it to their interest to use it for adults, as well as children, in place of pills and capsules. It is as pleasant as lemon syrup, and will be retained by the most delicate stomach, having also the advantage of not producing the unpleasant head symptoms, of which so many patients complain, after taking the quinine sulphate. Possessing these advantages, physicians will find it superior to the quinine sulphate for all cases requiring quinine—particularly typhoid fever patients.

The important role played by Pepsin in the therapy of to-day makes it most essential that a high grade product be employed in order that the best results may be secured. Fastidious patients—and their number is constantly increasing—object to unpalatable preparations. This is particularly true of Pepsin, as it is frequently dispensed. Mr. J. LeRoy Webber, a chemical expert in the employ of Messrs. Sharp & Dohme, of Baltimore, Md., has discovered a method by which all mucus and inert putrescible matter is removed from the crude ferment, thus rendering Webber Pepsin S. & D. at once palatable, soluble and permanent. The high standard, 1 to 6000, which has been adopted by the manufacturers, is a most desirable feature of this new product, and we have no doubt that critical comparative tests with other high grade pepsins will demonstrate the truth of every claim made by Sharp & Dohme.

Thunder and Lightning.

“So you have twins at your house, Johnnie.”

“Yes’m, two of ’em.”

“What have you named them?”

“Thunder and Lightning, ma’am.”

“What very singular names.”

“Yes’m, that’s what pa called ’em as soon as the doctor brought ’em.”

Mellin’s Food grows in popularity every day.

Three Chlorides.

MESSRS. RENZ & HENRY:—In regard to your preparation, the Three Chlorides, I am glad that I can conscientiously and heartily endorse it. As an Alterative Tonic, the combination is a most happy one. Its stability, beautiful appearance, and pleasant taste, is a triumph in pharmacy, and its therapeutic virtues so scientifically blended that the intelligent physician need only read the formula to prescribe it.

W. TAYLOR EDMONDS, M. D.,

Louisville, Ky., April 19, 1892.

A recent and interesting feature in one of the daily newspapers of New York, was a list of the millionaires of the country. A friend who looked over it with care, says that he did not find the name of one practicing doctor in the list, while many lawyers figured there. The names of clergymen and physicians were conspicuous by their absence. Much as is said by some rich and well-to-do persons and witty journalists, about the enormous fees received by consulting surgeons and physicians and specialists, these fees in reality do not at all compare with those obtained by lawyers of like reputation and rank. A successful man in medicine, whether eminent or not, may only expect a very good living, such as is obtained by the well-to-do people of his vicinity, together with the ability to leave a moderate resource for his family.

But in order to accomplish this, the doctor must not die in early middle life. A man who does not live to be fifty-five or sixty years of age, and depends alone upon his practice for an income, does not ordinarily leave anything for his family. It is a fact that physicians' fees, however high they may seem to a jury of day laborers or clerks, are usually very low, when the time and money spent in acquiring an education and skill, and what is otherwise involved, are considered.—*Post Graduate*.

In regard specially to the Restorative Wine of Coca, we have to say that we have submitted it to several eminent physicians who have used it in their practice, and have uniformly reported it to us as being far superior in all respects to any other preparation of the kind, whether of foreign or domestic manufacture.

HEALTH RESTORATIVE CO.,
Manufacturing Chemists, New York.

The Retirement of Sir Joseph Lister.

The eminent originator of modern antiseptic surgery, having attained the age of sixty-five, has been retired from his post as lecturer on clinical surgery at Kings College Hospital, London. The rule requiring his retirement on account of age has been commented on quite freely as an unnecessarily harsh measure, for the distinguished surgeon is no less capable and active to-day than when he was invited down to London. The hospital does not altogether lose his services, for by a special act of grace Lister will continue for a year longer to occupy his position on the attending staff.—*N. Y. Medical Journal*.

MESSRS. REED & CARNRICK :—Following is an extract from an editorial in a recent number of the Times and Register. In speaking of milk the writer says it is “variable in composition, disease transmitting, liable to adulteration, prone to decomposition, apt to absorb disease, of the utmost difficulty to preserve, a culture ground for almost every known disease germ; if there is a Boag quality which a food can have, which may not be found in milk, the writer knows it not.” All of which, after an experience of thirty-six years, I believe to be true; and I will add that if there is a better Infant Food (except the mother’s milk) in the world than Reed & Carnrick’s Soluble Food and Lacto-Preparata, I have not heard of it. Respectfully, J. C. RUTTER, M. D.

Bloomsburg, Pa., August 15, 1890.

Character.

A man passes for what he is worth. What he is engraves itself on his face, on his form, on his fortunes, in letters of light which all men may read but himself. Concealment avails him nothing, boasting nothing. There is confession in the glances of our eyes, in our smiles, in salutation and the grasp of hands.—*Emerson*.

It is stated by Dr. Laroyenne, of Lyons, that whenever in a suspected surface of the cervix or of the uterus, the finger nail can be sunk into the tissue and some debris removed, we are authorized to affirm that the disease is of an epithelio-matous nature.—*N. Y. Medical Times*.

A Voice from the South.



THAT a greater variety of valuable MEDICINAL PLANTS are found in the SOUTHERN STATES than in any other section of this country, is a fact known to all physicians who have taken the pains to investigate the sources of our drug supplies. In fact, the South will hold her own, in this respect, with any

other section of equal area in the world. She furnishes the principal laboratories of our own country with the bulk of their crude drugs, and even foreign manufacturers draw largely on her fields and forests for supplies of many valuable medicinal agents not found elsewhere. It is, therefore, not surprising that the discovery of a remedy that promises to revolutionize the treatment of Chronic or Constitutional Diseases (such as Syphilis, Scrofula, Rheumatism, Eczema, etc., etc.,) is announced from that quarter. The story of this discovery is charmingly told in a little book (for physicians only) entitled:

"A Voice from the South,"

which will be mailed free to any physician sending address to

*Verrihus
Clemiana*



The Clemiana Chemical Company,

ATLANTA, GA.

Ch. Marchand's



Trade Mark.

CH. MARCHAND'S PEROXIDE OF HYDROGEN

(MEDICINAL) H_2O_2 (ABSOLUTELY HARMLESS.)

MOST POWERFUL BACTERICIDE AND PUS DESTROYER.

ENDORSED BY THE MEDICAL PROFESSION.

UNIFORM IN STRENGTH, PURITY AND STABILITY.

RETAINS GERMICIDAL POWER ANY LENGTH OF TIME.

Send for free book of 80 pages giving articles by the following contributors:

DR. E. R. SQUIBB, of Brooklyn, N. Y., DR. ROBT. T. MORRIS, of N. Y.,
DR. EGBERT H. GRANDIN, of N. Y., DR. JOHN AULDE, of Phila., Pa., DR.
F. WAUGH, of Phila., Pa., DR. GEO. B. HOPE, of N. Y., DR. E. CHAREST,
of St. Cloud, Minn., DR. G. F. ADAMS, of Pulaski, N. Y., DR. H. F. WIGGIN,
of N. Y., DR. J. A. LARRABEE, of Louisville, Ky., DR. R. M. CHASE, of Bethel,
Vt., DR. ROBT. T. WILSON, of Baltimore, Md., and many others.

NOTE.—Avoid substitutes—in shape of the commercial article bottled—unfit,
unsafe and worthless to use as a medicine.

Ch. Marchand's Peroxide of Hydrogen (Medicinal) is sold only in 4-oz.,
8-oz., and 16-oz. bottles, bearing a blue label, white letters, red and gold
border, with his signature. Never sold in bulk.

GLYCOZONE.

PREVENTS FERMENTATION OF FOOD IN THE STOMACH.

MOST POWERFUL REMEDY FOR HEALING PURPOSES. CURES:

DYSPEPSIA, GASTRITIS, ULCER OF THE STOMACH, HEART-BURN.

Glycozone is sold only in 4-oz., 8-oz., and 16-oz. bottles. Never sold in bulk.

PHYSICIANS WILLING TO PAY EXPRESS CHARGES WILL RECEIVE FREE SAMPLES ON APPLICATION.

BOTH OF THE ABOVE REMEDIES

ARE PREPARED ONLY BY

☞ Mention this publication.

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris (France).

SOLD BY
LEADING DRUGGISTS. Laboratory, 28 Prince St., New York.

Happiness.

There would be fewer careworn, anxious men and women in this bright, lovely world if we only remembered how good it is to live only a moment at a time, not a day at a time, nor an hour, but only a moment. If there is unhappiness present, only be unhappy for the moment that is passing, not for the hours that are to come, and if the moment is blissful, don't hazard any of the intensity of your joy by anticipating even a greater that is approaching. You will lose some atom by picturing another, and it is the collection of atoms that makes the wonderful whole.

May 12, 1892.

WESTERN CHEMICAL CO., Clarksburg, Mo. :

GENTS—I have been using your ANTA-PA-RE-NA in the treatment of headache, neuralgia, rheumatic pains, coughs, colds, sore throats, and as a quieter in fevers and all causes where an anodyne is needed, with excellent results, generally giving relief in a very short time after the first dose has been taken. I have used ANTA-PA-RE-NA with better results than Antifebrine, Antikamnia or Antipyrine, and get the effects in less time and more lasting than from either of the others. I believe it is destined to revolutionize the treatment of painful diseases.

W. J. ATKINSON, M. D., Clarksburg, Mo.

A Disconsolate Wife.

"I don't believe in these secret societies," said one Austin lady to another. "That's very singular," replied the other; "your husband is a Forester, a Knight of Pythias and a Knight of Honor, and you will have at least \$10,000 when he dies." "But what good does all that do me," was the tearful response, "when he never dies?" and the poor creature burst into tears.—*Texas Siftings*.

Lizard in the Stomach.

After suffering long and severely from a peculiar distress in the stomach, Dr. E. M. Booth, of Vallonia, swallowed a strong emetic and vomited a live lizard, six inches long. He is now much better.—*Doctors' Weekly*.

The Best Code.

The bulk of the profession is feeling more and more every day that the best code is one that can be expressed in the fewest clauses, and that the individual or community is best governed which is governed the least, and that the unwritten law which governs gentlemen is all that is necessary for any educated gentleman in any calling.

Hydrochloride Acid Against Vomiting.

Dr. S. Alkiewicz warmly recommends the internal use of hydrochloric acid as an anti-emetic remedy in case of vomiting from various causes (the dose is not stated), especially in cholera nostras in man, in vomiting arising from dyspepsia, and in influenza. In a pregnant woman suffering from severe vomiting, where all remedies failed, the continued use of hydrochloric acid during a certain time arrested it.—*World*.

What Chemists Receive by Post.

The following letter was received a few days ago by a popular chemist here :

"SIR :—I write to ask you what a smale bockx of homaopathy medicin would cost with about 12 bottles. I want aconitum, bel-ladonna, bryonia. i am taking them and found a griat releaf but i sufer a griat deel in costfnes and a griat pane I have in at the peet of my stomak and strikes to my shoulders and could i get a remeday for a young man for the spine of his back and cant keep his water and the pane flise to the brane when he is not well the water has a dreadful smel he paces if you please to let me now what i could get thouse medisans for i should be very glad to do any good for those deses ples reply i will send for them i remane Mr ——"

This conglomeration, I need scarcely say, was attended to by my friend; however, I will not say what was sent, or how much was charged.—*Pacific Record*.

"Medical science has made such progress," said the doctor when speaking of his profession, "that it is almost impossible for anybody to be buried alive now." Then he wondered why everybody laughed.—*Boston Courier*.

A Revised Version.

Man, born of woman, is of a few days and no teeth. And indeed it would be money in his pocket sometimes if he had less of either. As for his days, he wasteth one-third of them; and as for his teeth, he has convulsions when he cuts them, and as the last one comes through, lo, the dentist is twisting the first one out, and the last end of that man's jaw is worse than the first, being full of porcelain and roof-plate, built to hold blackberry seeds.

Arsenic in Syphilis.

Dr. H. Smith (Norsk Magazin for Lægevidenskaben), a military physician, has obtained excellent results in a case of syphilis where mercury and the iodide of potash has been given in vain. The patient was a soldier, with various ruptions which belonged to the second period of the disease, with ulceration of the hands and feet, periostitis of the cranium, forearm and tibia, bone pains, etc. He took the iodide of potash and mercury twice, without results. Arsenic was then administered, when the symptoms rapidly ameliorated (in a few days), while the ulcerations and periostitic indurations disappeared.—*Lancet-Clinic.*

GLASGOW, IOWA, Feby. 1, 1892.

MESSRS. SEARLE & HERETH CO., Chicago, Ills. :

GENTLEMEN—Your second bottle of Tritica was received in due time. Mrs. F., aged 61, has Chronic Cystitis; been a sufferer for 28 years. Put her on half-teaspoonful doses of Tritica every two hours during the day, with 5 gr. Salol every four hours. Result: She says she is better than she has been for 28 years. You may express me two bottles to Fairfield, Jefferson county, Iowa. Am more than pleased, as it fills a place nothing else has for me.

Respectfully, H. E. CLEMENT, M. D.

None to Cure.

Mrs. Snooks.—“My husband has been ailing for sometime, and medicine does not seem to do him any good.”

Mrs. Brooks.—“Why don't you try the mind cure on him?”

Mrs. Snooks.—“Because, he hasn't any mind to cure.”

Bichloride of Mercury.

The following are the conclusions of a thesis entitled "Corrosive Sublimate as a Germicide," by Chas. T. McClintock, A. M., Assistant to the Professor of Hygiene in the University of Michigan:

1. That the high rank heretofore given corrosive sublimate as a germicide is without warrant, and was based on faulty experiments.

2. Different cultures of the same germ may vary largely in their resistance to germicidal agents.

3. Corrosive sublimate forms with cellulose, with silk, with albuminous bodies, and with some parts of bacteria, a compound that can not be removed without washing. When acting on a germ it forms a capsule around the germ which protects it from the further action of the germicide, and in turn prevents the growth of the germ unless removed. But this capsule may be removed by the solutions, as in the blood. The action of the sublimate on bacteria is probably closely analogous to that of alcohol, etc.

4. The presence of a gelatinous envelop in many, if not all bacteria, has not received due attention from writers on this subject.

5. In albuminous fluids, and practically all disinfection has to do with such, corrosive sublimate of any strength whatever is not a reliable germicide.

6. While sublimate has no great germicidal powers, it does not follow that it may not be a valuable disinfectant. This point remains to be proved.

The author of the foregoing does not mention that LaPlace, some time since, referred to the coagulating powers of bichloride, and demonstrated that a solution acidulated with hydrochloric or tartaric acids, failed in producing coagulation. However, the author claims his experiments were made with acidulated solutions.—*Ex.*

Castor Oil.

Soda water is now commonly employed as a medium for taking that useful but disagreeable medicine, castor oil. A dose poured into a well drawn glass of soda settles between the liquid and the foam, and goes down without being perceived. Many physicians who wish to give a dose of oil without the knowledge of the patient instruct him to call at the druggist's for something to be given in soda.

The Treatment of Obstinate Hiccough.

It is doubtless perfectly true that the treatment of hiccough has not received much notice at the hands of the writers of text-books in this country. But the reason of this probably is that the symptom seldom attains to any serious proportions in this part of the world, so as to call for relief by the medical man in attendance. When, however, hiccough acquires an obstinate persistency, for the relief of which therapeutic aid is urgently needed, difficulties may be met with. A case in point is recorded in an Indian contemporary, where a retired officer, aged seventy-six, who had been suffering from acute congestion of the liver, became affected with obstinate hiccough, which set in as a most alarming and distressing symptom. Everything was tried in the way of drug treatment which could be suggested, but without avail. One day, however, some beef tea was taken, which incidentally caused the patient to vomit. For a time, in consequence of this, the hiccough was relieved; whereupon the practitioner determined to try an injection of apomorphine, and the result was that vomiting was produced, and the hiccough ceased permanently. Altogether the symptoms persisted incessantly for seventy-two hours, and caused much distress to the patient. Physostigma has been recommended as useful in these cases.—*Medical Press and Circular*.

Doctor.—“Ben, what’s your face so bunged up for?”

Ben (sadly).—“Dat fool, George Williams, done it. I was at the cake-walk las’ night, and all I say to his gal was, ‘Good ebnin, Miss Annie, you’s lookin’ quite pregnant dis ebnin.’ What make him hit me, doctor?”

Contents for October.

.....

ORIGINAL COMMUNICATIONS—

Gonorrhœa.....	Page 9
Some Remarks on the Value of Vegetable Alteratives in Chronic, Venereal, Tubercular and Malarial Diseases	13
EDITORIAL	15
BOOK REVIEWS	22
SELECTIONS.....	24
ABSTRACTS.....	32
MISCELLANEOUS	43

A NON-TOXIC ANTISEPTIC.

FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE.

Non-Toxic. Non-Irritant. Non-Escharotic—Absolutely Safe. Agreeable and Convenient.

FORMULA.—LISTERINE is the essential antiseptic constituent of Thyme. Eucalyptus, Baptisia, Gaultheria, and Mentha Arvensis, in Combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic acid.

DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its peculiar adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eructations of dyspepsia, and to disinfect the mouth throat and stomach. It is a perfect tooth and mouth wash, indispensable
FOR THE DENTAL TOILET.

Diseases of the Uric Acid Diathesis.

LAMBERT'S LITHIATED HYDRANGEA.

. RENAL ALTERATIVE—ANTI-LITHIC.

FORMULA.—Each fluid drachm of "LITHIATED HYDRANGEA" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

DOSE.—One or two teaspoonfuls four times a day (preferably between meals).

The ascertained value of HYDRANGEA in Calculus Complaints and Abnormal Conditions of the Kidneys, through the earlier reports of Drs. Atlee, Horsley, Monkur, Butler and others, and the well known utility of Lithia in the diseases of the uric acid diathesis at once justified the therapeutic claims of LAMBERT'S LITHIATED HYDRANGEA when first announced to the medical profession, whilst subsequent use and close clinical observation has caused it to be regarded by physicians generally as a very valuable Kidney Alterative and Anti-Lithic agent in the treatment of

URINARY CALCULUS, GOUT, RHEUMATISM, CYSTITIS, DIABETES, HAEMATURIA, BRIGHT'S DISEASE, ALBUMINURIA, AND VESICAL IRRITATIONS GENERALLY.

Realizing that in many of the diseases in which Lambert's Lithiated Hydrangea has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed. We have had prepared for the convenience of physicians

DIETETIC NOTES.

suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of Listerine and Lambert's Lithiated Hydrangea.

LAMBERT PHARMACAL CO., St. Louis, Mo.

f.l.p.r.m

Charlotte Medical Journal.

VOL. I.

CHARLOTTE, N. C., NOV., 1892.

No. 5.

Original Communications.

Facial Paralysis—Its Etiology and Treatment.

A Clinical Lecture Delivered at the N. Y. Postgraduate School, August, '92.

BY DR. JOSEPH COLLINS.

GENTLEMEN:—To-day we will concern ourselves with the consideration of a common but withal a very important disease, which almost always falls at first into the hands of the general practitioner for diagnosis and treatment. I refer to peripheral facial paralysis. Fortunately we have at this time at the clinic a number of cases in different stages of the course of the disease, illustrative of the different etiological factors concerned in its genesis. And these I shall endeavor to clearly demonstrate to you.

This first patient is a Russian Pole, twenty-six years of age and by occupation a tailor. He tells us that up until four years ago he was quite well and had never previously suffered from a similar trouble. At that time he was one day at his work when he was suddenly taken with a severe burning pain in the left leg and foot. This pain was principally on the posterior surface of the leg and soon became so excruciating in the back of thigh that the patient was unable to bear it and had to send for a physician who administered a hypodermatic injection of morphia. Two or three days subsequently the pain in the leg and thigh abated somewhat and then appeared in the left side of the face and head simultaneously, with the appearance of inability to wink the left eye, inability to smile or laugh, and inability to retain fluids in the mouth and to masticate, and when he saw himself in a mirror he found that one side of his face was not like the other. He then went to a hospital and was treated for a fortnight, and now he comes here in order that his cure may be made complete. A casual examination

is sufficient to show that the left side of the face is much flattened, the right angle of the mouth is drawn, increased lachrymation of the left eye but no myosis, inability to close or wink the left eye, loss of taste on the left side of the tongue, and when he attempts to blow out, as if he were endeavoring to extinguish a candle, the force of the emitted current is lost on account of the mouth remaining flabby on one side. Hearing on both sides is intact.

He complains of a considerable pain in the left shoulder and thigh and leg, and this is worse during damp and wet weather. He can give no cause for his trouble, unless it be due to a wetting he got about the time the symptoms showed themselves.

Electrical examination of this patient is interesting and likewise very important, for in this way we are to base our conclusions as regards prognosis. The reactions are those of a degeneration, and by that I mean what is ordinarily expressed when we say "Reaction of degeneration," namely, loss of galvanic and faradic excitability of the nerves and loss of faradic excitability of the muscles with the galvanic excitability of the muscles quantitatively increased with an undue readiness of response at the positive pole and a lessened readiness at the negative pole. This is a reversal of the normal condition, for then the positive pole gives the readier response. As I have said, these examinations are of importance in regard to prognosis. Erb says that if there is no change either to the galvanic or the faradic current the prognosis is good and recovery takes place in from two to three weeks.

Before further discussing the symptomatology and treatment of these cases, I will speak briefly of these other two cases which are present.

This woman is a German, twenty-eight years of age, and was well up until about four weeks ago, when one evening she complained of a considerable pain on the left side of her face and head, which continued to grow more acute and lancinating for two or three days, accompanied with a peculiar immobility or stiffness of the face. She then noticed that the face was drawn toward the right side and that she could not close the left eye, and that the saliva dribbled from the corner of the mouth that was drawn down. As you look upon her now she presents most of the typical features of facial paralysis. The left half of the forehead is smooth and devoid of wrinkles, illustrating the apt remark of a French

clinician that Bell's palsy was the most efficient cosmetic. The left eye is open and staring and the entire left half of her face does not enter into the play of the features as it does normally. This patient is not rheumatic, nor has she suffered a previous attack. She thinks the attack was brought on by sitting in the open air and getting chilled. The electrical reactions in this case are not far removed from normal. Her general health is fairly good and we may unhesitatingly give a good prognosis.

This next patient, a clerk, twenty-six years of age, is a typical case of facial paralysis and first consulted me at my office for a sore on the penis, possessing all the characteristics of a Hunterian chancre, and the developments since that time in the shape of the syphilitic roscola, glanular infiltration, etc., have confirmed the diagnosis. The time that has elapsed since he acquired the syphilitic infection is now about six weeks. That is, about a month after the development of the chancre the paralysis of the left side of the face appeared. None of the ordinary attributable causes for the paralysis, such as cold, exposure to a draught, the rheumatic diathesis, etc., can be said to be present in this case. It is to illustrate the fact that facial paralysis can and does show itself in the early stages of syphilitic infection, and seemingly dependent on this infection alone, that I have taken the trouble to have this patient sent here to show you. However, I do not think that it is a very common causative factor, nor is the relationship commonly known to physicians. You must mark the fact that I speak of syphilis in its early stages. Facial paralysis occurring during the third stage of syphilis is ordinarily not a difficult matter to explain, for it may be due to gummata, basal meningitis, periostitis, exostosis, caries of the petrous portion of the temporal bone or changes in the trunk of the nerve itself, but in the primary stage of syphilis these conditions are not present, as the infection is still in the blood and has not made itself manifest by any parenchymatous changes. Of course we can say that the virus of the syphilis is the *materies morbi* that is operating on the nerve in goading it on to inflammation, and as a matter of fact this virus is one of the substances which frequently cause neuritis, but not neuritis of a single nerve, but multiple neuritis. Why it affects the facial nerve individually is not easily explained on any rational hypothesis. Attempts have been made to do so by some investigators, and I

have in mind at this moment a theory put forward by Lang, in which he says that there is during the period of the syphilitic roséola, an infiltration into the basal meninges and perhaps even into the central nervous system, and so on this depends the affection of the nerve and the resulting palsy. You are at liberty to accept such an explanation if it appeals to you.

The etiology of facial paralysis in general I will sum up very briefly, as it is already probably familiar to you. When we speak of facial paralysis it is generally understood that the peripheral part of the nerve is meant in contradistinction to any involvement of the facial nucleus or the supra-nuclear portion, and it is in this sense that the etiology of the disease will be considered. Speaking generally, we may say that the nerve may be affected in one of three portions, viz : At any point from where it starts to pass forward on the crus cerebelli to where it enters the Fallopian aqueduct at the bottom of the internal auditory meatus ; second, in the aqueduct ; and lastly, after its escape from the stylo-mastoid foramen. The most common condition affecting this first portion is a compression from an exudation inflammatory or otherwise, or by some new growth. A basal meningitis is undoubtedly the most common form of mischief here.

In the aqueductus Fallopi it may be injured by trauma, inflammation of the internal ear, compression from new growths, hæmorrhage, etc. In a recent number of the Journal of Nervous and Mental Diseases I have recorded a case where a transient facial paralysis was caused by a fracture of the base of the skull, caused by a fall from a horse. In this case there was absolutely no hæmorrhage from the ear, but a large discharge of the cerebro-spinal fluid, and the development of the facial palsy within a few hours. There is no dearth of other observations to show that fracture of the base is quite frequently attended with this symptom.

It is to exposure to cold, however, that most patients attribute their trouble, and undoubtedly this is the most important element in precipitating an attack, at least. Back of this apparent causative activity of cold there are important predisposing conditions, in the same way as pleurisy is said to be due to exposure; but a faithful investigation in all cases rarely fails to find important preceding factors. This predisposition in facial paralysis you may call by whatever name you will. It is some disorganization or disas-

sociation of the salts of the blood whereby the normal constituents are interrupted in the proper performance of its work. This is the condition which is ordinarily implied by the use of the word rheumatic. In these patients it is rarely that we find that there are not other symptoms than those referable to the facial nerve. Take for instance, in the first case here, the man has or has had excruciating pain in the left thigh and leg, following the course of the sciatic nerve, and later on he was troubled also with a good deal of pain and lameness in the shoulder and arm. This indicates that there has been some constitutional disturbance which resulted in an exudation into the sheaths or other nerves as well as the facial. Exposure to cold alone would not have been sufficient without some underlying cause to produce such extensive trouble.

It is apparent that the paralysis may occur from any injury, such as a blow, or from a fall, or an incision in the nerve after its escape from the stylo-mastoid foramen. Sometimes it is seen in new-born infants, and here the plausible cause that is produced by instruments used in the delivery or resulting from pressure from some other cause. Such a case has been recorded by Rumball, of Leeds. The peculiarity of the case was that the pressure caused by the forceps was not on the facial nerves of the side affected. That it does occur on in the newly-born where no traumatism can be found, is shown by a case recorded by Schultze, of Bonn, in the last number of the *Neurologisches Centrallblatt*. This case presented the palsy of the nerve directly after a very easy birth and it has continued up to the present time, when the child is four years of age. Such cases are extraordinarily rare, and as I have said, when you find facial paralysis at birth you will most likely be able to trace its cause to some injury connected with the delivery.

Concerning the symptoms I will say nothing, with the exception of the symptom referable to the sense of taste, and the sensory and vaso-motor disturbance. The others are made sufficiently clear by the patients you have seen. The first patient showed a loss of the sense of taste on one-half of the tongue. This loss is to be explained through the chorda tympani nerve. I shall not stop to discuss here whether this is a branch of the facial or whether it is given off by the lingual branch of the fifth nerve; suffice it to say that it suffered simultaneously in this case with the

facial nerve in the aqueduct Fallopii, and the partial loss of taste was the consequence.

Investigations have recently been made by Dr. Frankl Bochwart, into the conditions present in facial paralysis, with the view of determining the extent of vaso-motor and sensory disturbance. He found that in three cases there was disturbance of sensation and vaso-motor functions, in five of sensory functions only, and in two of vaso-motor functions only. Whenever there was disturbance of sensibility it was found only in a slight degree. Sometimes the mucous membrane on the inside of the cheek and tongue was affected, and oftener it was not. Occasionally taste was affected. The sensory phenomena in his cases did not last so long as did the paralysis, but it is to be remarked that in one case where the paralysis continued the diminished sensibility was present after several years had elapsed. Considering these facts, Bochwart would have us believe that the facial nerve in a man contains both sensory and vaso-motor fibres. No one will dispute the fact that it may contain such fibres, but a different test than such an analysis as I have just mentioned will have to be applied before the matter can be definitely settled, for all these sensory and vaso-motor disturbances might easily have been present from some slight implication of the fifth nerve.

The treatment of these cases is what most interests you, and it can be summarized very briefly. Knowing the etiological factors you must remove them, and that not being entirely possible, you must counteract their influence as far as may be. If the disease be due to trouble in the internal ear, this trouble must be removed. If it be syphilitic in its origin, then you must push the iodide of potassium. If there is an underlying rheumatic condition, measures must be directed to its correction. In those cases resulting directly from cold, as a draught impinging on the side of the face, dry, hot applications will be very grateful to the patient. In other cases where the affection comes on with a considerable fever and sthenic symptoms, the administration of a full dose of veratrum viride and repeated will give the patient relief. Anodyne poultices are of no more use than dry heat, and if the pain becomes excruciating, as it sometimes does, by sympathetically involving the fifth, it must be relieved by morphia. In this patient first spoken of but one drug seemed to give him relief and that was the sul-

phate of quinine. This was first given to him at the hospital where he was cared for, and afterwards when the medicine was changed he asked to be put back on the first as it did him so much more good. As it is, he is recovering, but we cannot say how much of his recovery is due to the quinine and how much is but the natural course of the disease.

Electricity likewise finds some use here in preventing secondary contracture and wasting in the muscles. After the acute symptoms have disappeared, the use of the galvanic current each day to the affected muscles will keep them in good condition to go on and functionate properly when the nerve is once more able to innervate them. The weakest current possible to cause a contraction should be used and the sitting should not be prolonged. It matters but little which pole is applied to the muscles, but generally the positive pole is applied below the zygoma and the negative stroked over the muscles. The judicious application of facial massage will assist in securing the same desired condition.

The general health and nutrition should be sedulously looked after, keeping in mind that generally the vital resistability is lowered and that one attack is apt to be followed by a second. A general course of restorative treatment is a fitting *regime* while the parts are returning to their normal condition.

The Country Practitioner.

BY DR. CHEVES BEVILL, WINFIELD, ARK.

It is very often remarked by city physicians that the "country doctor amounts to but little." Though, I am proud to know that while some make this broad assertion, that there are hundreds of able men in the profession in our large cities who know better. There is one thing that seems to be the rule among many physicians who have had every advantage to be qualified to do their work, and that is, they class all country doctors together. Just because three-fourths of them are behind the advance guard, that is no reason that the one-fourth should be. I have been a country practitioner for fifteen years and over. Hence I, from an unbiased standpoint, say what I do, and for convenience I shall divide the country physicians into three classes; beginning with the worst

first, and hope by this to give those who may perchance read this, a better knowledge of the physicians under consideration.

First, we have here the typical old Arkansaw doctors, who were here before there was any law governing the practice of medicine; long enough to have to register as a physician in regular practice for five years, prior to 1881.

And right here I will say throughout this State many came in who ought to be at something else.

Many of them came in who never studied anatomy or physiology one day in their lives. All they know, so far as book knowledge is concerned, is what Gunn, King or Thomson says. They have done a good deal of practice, and thereby have grown up simply as practitioners. And still hold their hold upon many people.

I know of men who belong to this class who have not bought a standard medical work within the last twenty years, and so far as medical journals are concerned, they never read one, unless a "sample copy" happens to find them. I have heard them say that "they were of no use," that they "preferred the old way." This class of men have no knowledge of the pathology of any disease whatever.

They practice obstetrics without any work on that subject and without the remotest idea of antiseptics. Their finger nails look as if there might be a pliocene deposit under them. I have been called in consultation when there was a difficult case of labor, and to see their movements made me feel disgusted.

One case of hip presentation; fourth day of labor. He had the woman, with a common chair, turned down in front, the woman's head down on the floor; her feet upon the chair and he trying to get the fœtus turned by shaking the woman; all that was necessary was to bring the breech of the child in line with the pelvis, and all was over.

I have known them in cases of postpartum hemorrhage, to skin the bark off an apple tree upward and make a tea, or give them bark horn tea, or some other prank that belongs to the dark ages; I have heard them say that they "had rather let both mother and child go together than to perform craniotomy," or "kill the child and take it," is their expression. This shows that their hands are to prove to-day what they should, provided they knew anything about operative midwifery.

Their surgery is, of course, very rude. This class of men have their friends and patients, who hang to them, thinking that they are the doctors. Some years ago I went to see an old man, suffering with renal calculi. One of these old foggy fellows was there. He asked me "what I thought was wrong was him." After awhile I told him what seemed to be the trouble with him, telling him it meant the passage of small calculi or gravel. "Yes," said he, "he has passed two from the kidneys as large as this," picking up a pebble about three-fourths of an inch in length, and fully one-half in diameter. This is a jaw-breaker to me.

Well, furthermore, these men never carry either a clinical thermometer, or hypodermic syringe, and half of them cannot count the pulse correctly to save their lives.

As to the drugs they employ, it is a shame to know that they do have to be classed as physicians, along with the more enlightened ones. I have at the same drug store that I buy drugs, seen them buy old-fashioned saddle bags full of patent medicines, carry them home with the air of a lord, and dispense them out in small quantities to poor suffering women especially. Some of these doctors are so abominably ignorant that they blow some of the preparations that women use as vaginal suppositories, saying that "the drug cuts off ulcers from the neck and inside of the womb as large as chicken gizzards every time they use the medicine."

These men would not know the uterus of a woman if they were to find it, and its adnexa, in a jar. Good Lord, help such.

Of course they use quinine, calomel, lobelia, opium, and some tincture iron muriate.

I must leave this stratum of men who compose the cretaceous formation of medical science, and rise a step higher, and it is a great pity that it is to be called "a step," it should be several, yet I can only give the one. (But before I leave this point of the subject which refers to the doctors who never engaged in practice for five years prior to 1881, I do not mean that there were not good physicians in the country who had either read medicine systematically or are graduates of medical colleges.)

Secondly. We have then a class who were licensed to practice medicine, perhaps only or as "physician and surgeon." The sympathies of the Board were too great toward many of them when

they were examined. For instance, among them you would find a man that, when asked what a dose of morphine was, would say "from ten to fifteen grains." Or, as to the treatment of meningitis, he said he "would bleed the patient." "What vein would you open!" "The *temporal arter.*" And many such. Some of these men would be sent home, admonished to "read up and come again." Some of them lived in country places and perhaps they would come next time with a petition from every man and widow woman in their settlement asking the Board to "grant the Doctor liberty to practice medicine and charge for it." While there were others who did very well when examined. Among these, and many others who have been permitted to take up the practice since, we find men who do a good deal of work. Yet they read but little. Some of them have been practicing for six or seven years, and have perhaps bought one or two works on practice, and not a single work on therapeutics, obstetrics or surgery. And perhaps they are subscribers for as high as *two* monthly medical journals, costing them one dollar each. Some of these doctors continue to use medical works that are by far too old to follow at this rapid age. They are, or seem to be satisfied with almost anything that is called a medical work. Some of them, a few years since, subscribed for a so-called "Family Practice of Medicine," paying \$8 for the book, which was like throwing the money away. A considerable number of them bank heavily on "Thompson's Medical Adviser." Many of these men, as the preceding class, use neither thermometer nor hypodermic syringe. They go ahead and do practice as if they were up with the times, so far as they are concerned. They do nothing, comparatively speaking, in surgery. They leave this for others. And to show their ignorance of gunshot wounds, some few years ago I was called eighteen miles away to see a man who had been shot from ambush with 44-cal. Winchester rifle. The ball entered the body on his left side, breaking the ninth rib, passing out between the tenth and eleventh on the opposite side. Four physicians had examined him and never found the place of entrance. His wife, looking at his dress coat, found out how he was hit. Of course these men think but very little about such cases. The patient may get well; if so, all right; if he dies they say he would have died with all the doctors in the country. Strange to say, many of this class of doctors prescribe patent medicines—espe-

cially female regulators of different names—regardless of the condition of the patient.

These men, as the preceding class, employ no antiseptic precaution in obstetrics. Some of them have quite a number of cases of puerperal septicæmia, with some deaths, and others crippled for life. This is a shame on the profession and a shame on the poor patient. I have tried to convince them that there is a safe plan, yet they do as they do just because “dad” did. Some few, who ought to be put in this division, have a vaginal speculum, which he uses once in awhile, without a sound. It is well for the poor women that they have no sounds.

It is amusing to hear some of them talk about “fixing up medicine to cut a cataract off the eye-ball,” not knowing the nature of such.

Well, I have said enough on this division. I will step a few rounds higher, and get to the—

Third grade upward. Here we find an extensive field, with a vast amount of much needed work. “The laborers are few.” Here we find a *few men* with whom we can talk on medical subjects with some degree of satisfaction. While some are not in possession of as much literature as they would like to have, still what they have they study and are always ready to receive anything new with an open mind. Hence, we find better libraries and more medical journals. But a medical library in the country, or country town, is a treat to one who knows the worth of the same.

Out of about thirty physicians in this country there are but two of us who love works on medical and clinical diagnosis and, but the same with works upon pathology, while dermatology is left out. I have Fox’s Atlas, last edition and Taylor’s valuable Atlas, which are the only ones for miles. Well, it is plain to be seen that all of the difficult work falls into the hands of a very few. All major surgical and many minor operations come under their care. Antiseptics are employed, by this small number to their great satisfaction, and the benefit of their patients. Here are the men who work in gynecology, surgery, obstetrics, dermatology, ophthalmology, laryngology, neurology and all the other ologies that come along.

Still, there are some of them who never report any of their cases to a journal. If men do not begin in their early practice to write,

they are not apt to later on. We ought to be willing to let the profession at large see what blunders we make in the backwoods. Never be ashamed to let it be known just how you are situated.

Well, there is still a drawback with some of the men of where we are now, i. e. the need of taking one, if not two, good weekly medical journals. I am anxious to see the Medical Record and Weekly Medical Review come, as if I were a politician and were taking a daily during a heated contest. The physician is engaged in a hot contest every day and it is imperatively necessary that he keep up. Take one or two weeklies and five or six leading monthlies, one in each department of medicine, and by this we keep right along with the best minds in the profession.

Well, after all this we find that the charlatan who never reads anything can go along and gather up what we ought to have. "Honesty is the best policy," and it holds good in medicine. I had rather not get practice than to have to promise that I can cure anything, and at the same time know better.

From what has gone before, it will be seen that the main work depends on a few physicians. They have to attend to cases of every variety, with no specialist to send their difficult cases to. And owing to the great depression in money circles we are left out, so far as our pay goes, with many of our patients. So it is plainly to be seen that from what I have here written, that the country physician's life is anything but a desirable one. Furthermore, and worst of all for us, or those of us who have always been too poor to go to college and graduate, is that our day of grace is passed. The three year course has been adopted and we are not able to go so long. We are denied the privilege of membership in any and all of the scientific societies of the profession. I may be wrong in my view of the matter, yet I believe that qualification can be reached in a shorter period than three years. It seems hard to think a man may practice medicine in all of its branches for ten or fifteen years, and if he can go to college that he must go for three long terms, away from his family, before he can get a diploma, while a young man whose father has money plenty to send him for the required time, can graduate in the same class with him. The Medical Record in an editorial last year asked the question, "should poor men study medicine?"

In one way this is right, for who can go so long unless he is

rich. On the other hand it is hard for men who would amount to something provided they had a chance, to have to do worse.

While we are not condemning the course that has been adopted by the colleges to raise the standard of medicine, we only have to say that it works a hardship on all of us who are poor.

As to what is to be the future of this matter, we cannot tell of course.

Though we will continue to profit by the knowledge we gather from good medical journals and from our clinical observations enough to feel free and grateful to our superiors in medicine, and I for one am under many obligations to the kind editors of first-class journals that what little I have from time to time written for them has been given to an intelligent profession whom I am glad to be numbered with, whether I am allowed to belong to any of the grand societies or not, so I leave the foregone remarks to them for their consideration.—*St. Louis Med. and Surg. Journal.*

His Third Set of Teeth.

David Southerland, of Seymour, Ind., a hearty man of 74 years, shed his last tooth several years ago. Recently he has complained of a peculiar soreness of his gums, and he has just finished "cutting" his third complete set of teeth.—*California Med. Rec.*

Salol in Diarrhœa.

BY M. H. FUSSELL, M. D.

When salol was introduced as a remedy it soon took rank as an intestinal antiseptic, as reliable as any that had been brought forward. From this fact, rather than from any specific reports upon the use of salol in diarrhœa, I several years ago began to use the drug in all forms of diarrhœa. The continued use of salol has confirmed me in the wisdom of its employment. Whereas in my earlier practice I almost universally used opium to control diarrhœa, I now as universally omit it from my prescriptions, making use of it as an adjuvant where salol fails to control the symptoms.

I believe it was Brunton who two or three years ago suggested that salol, in combination with some inert powder, such as chalk, acted much more efficiently in diarrhœa than when it was given

alone, because the chalk absorbs the poisonous materials found in the intestine, and they are then disinfected by the salol.

It has been my practice to administer salol in 5-grain doses, combined with 10 grains of bismuth and 2 drachms of chalk mixture, as in the following prescription :

R. Salol,		3i	
Bismuth, subnit,		3ij	
Mist. cretæ,	q. s.,	f 3iij.	M.
SIG.—Two drachms every hour.			

Children over one year of age are given 3-grain doses of salol.

If the attack is severe, directions are given to take the same dose every hour until the diarrhœa is checked.

Since using salol my results in the diarrhœa of children have been far superior to what they were under my old plan of treatment.

Necessarily the treatment of the diarrhœas of summer must have as their basis a rational regulation of the diet, and no drug will be of avail if the patient, whether adult or infant, be fed that which is manifestly improper.

Given this regulation of the diet, I believe that salol is probably the most efficient drug we have for the treatment of such diseases.

That it acts largely as an antiseptic I think probable, from the fact which I have repeatedly observed, that the fetor of the stools always disappears after the use of the drug, whatever the ultimate outcome of the case.

I believe I have never seen a case which was treated sufficiently long with salol in which the fetor of the stools was not corrected. Its after-effects are positively *nil*. I have never in hundreds of cases seen the least untoward effect which could in any way be attributed to the salol. I consider this fact of especial importance.

The treatment of dysentery by this method is not of value, probably because the lesion is so far down in the gut that the medicine can have no effect. To conclude :

1. Diarrhœa due to dietetic errors, and that which is common in adults and infants in summer, are well controlled by the administration of salol and bismuth or chalk. 2. Opium is rarely necessary where salol is used. 3. Salol controls the abdominal pain equally as well as opium. 4. It is perfectly safe, having no bad after-effects. 5. It is especially useful in the treatment of the diarrhœa of children. 6. It is of no value in dysentery. 7. It constantly corrects the fetor of the stools.—*Therapeutic Gazette*.

Charlotte Medical Journal.

E. C. REGISTER, M. D.,

J. C. MONTGOMERY, M. D.,

Editors and Publishers,

NO. 36 SOUTH TRYON STREET,

CHARLOTTE, N. C.

✧ SUBSCRIPTION. \$2.50 PER YEAR. ✧

Articles intended for the Original Department of the Charlotte Medical Journal will be accepted only with the understanding that they are contributed to it exclusively.

MANY PHYSICIANS.

IT is reported that in the Venetian building in Chicago over six hundred doctors have their offices, and the Masonic Temple contains five hundred and seventy.

MEDICAL SOCIETY OF VIRGINIA.

DR. JOSEPH PRICE, of Philadelphia, offers a \$100 prize to the fellow of the Medical Society of Virginia who presents during the session of 1893 the best essay on the History of Surgery and Surgeons of Virginia.

DEADLY BACILLI.

THE Lancet reports where a London physician carried his lunch in the same bag with cultivations of deadly micro organisms, which he was studying. He ate his lunch, became infected with the bacilli and died, a victim of his own carelessness in playing with "deadly bacilli."

A TRIBUTE TO THE PROFESSION.

IN its issue for the 18th inst. the Sun, replying to an enquiry as to the probable cost of an examination into the mental condition of an individual, names an examiner in lunacy and says: "We do not know what expense you will be put to, but physicians are the most charitable people in the world, and no patient was ever asked to pay more than he could afford to pay."—*N. Y. Med. Journal.*

How strange this will sound to some people, who, when they see a physician riding in a fairly good buggy and driving a good horse, think he makes money by the handfull, and probably right then he hasn't ten cents.

PROPRIETARY MEDICINES.

MUCH is being said in regard to prescribing proprietary remedies. We notice where the Missouri State Medical Association, at its last meeting, passed resolutions against the use of proprietary medicines in practice. These medical associations are supposed to be composed of men who have attained a high reputation in the medical field, and how they can condemn a scientific preparation because it is a proprietary article, we cannot see.

REST FOR THE CITY PHYSICIAN.

SOME writer has said that "the preservation of life should be only a secondary concern, and the direction of it the principal." How true this is, for a well directed life generally insures a healthful life. While, therefore the higher aim is to be approved, and undue solicitude about the health should be condemned, it is understood that when to every man in the performance of his daily duties work becomes irksome and painful, rest is imperatively demanded; he can no longer persist in his daily tasks without physical detriment. It is only too well known that labor is physiological when 'tis agreeable, and that hours spent in goading a tired organism to work may have a pathological outcome. 'Tis when study is attended with a feeling of ease and pleasure, showing that the brain is equal to the task, then only is it profitable. When the physician can go his daily rounds with pleasure, he is working to advantage; when interest flags and the spirit droops, it is then time to have a period of rest. As the summer seasons are over, the clergyman has returned to his pulpit, the business man to his work, it is well that that model of perseverance and devotion to his calling, the city physician, who has been laboring at home during the hot season, should ask himself whether he can afford not to take a rest. Everybody else have their seasons of relaxation and enjoyment but the physician, and no one is more willing or ready to direct his patients to change of climate and air as a period of recreation. It may seem not the proper thing to do, leaving practice and business seemingly for pleasure, losing money and patrons, but in the end it will pay you. The country physician is exempt from many causes of ill health to which the city physician is daily subjected. He breathes purer air, has invigor-

ating rides of hills and plains, where nature in all her grandeur and loveliness breaks in on the monotony of his toil. He pays less taxes and cannot have that anxious competition, that restless feeling which is characteristic of a city physician, who about makes both ends meet at end of month. So city physician, when your work has become laborious, your digestion bad, your bills hard to collect, you spend sleepless nights, go away and take some recreation, and when you return you will be a new man and your work will be a pleasant task. It will be more profitable.

EVERYBODY'S MEDICAL DUTY.

THE following from the American Practitioner and News, very justly and clearly pictures the situation and character of a physician's life: "Herodotus tells us that the Babylonians had no physicians, that when any one was sick he was carried into the streets and placed where the greatest number of passers-by could see him; everybody was bound to stop and consider the case, and if an individual paused who had suffered in what seemed to him a similar manner, he was compelled to explain the method of his cure. There is no necessity for this sort of thing now, although a large section of the public enjoys nothing more than suggesting remedies for all sorts of complaints, and dabbling generally in a little physic. But there never was a time in the history of civilization when there was greater need that everybody should recognize the fact that he owes a medical duty to his neighbor which he is bound to perform. Dr. George Gould recently delivered an address in Philadelphia on the subject 'Everybody's Medical Duty,' in the course of which he bitterly complained of the way in which the public at large leaves the medical profession to struggle under its Atlantean world of deputed responsibility. The indifference, the want of sympathy, to say nothing of the actual opposition experienced by those whose work it is to contend against disease is as discouraging to our profession as it is disgraceful to our age of science. There never was a body of men animated by a spirit of devotion and self-sacrifice such as characterizes the medical practitioners of the age. How is this devotion and self-sacrifice recognized? The quacks, the charlatans, and the knaves make fortunes, while the educated and conscientious practitioners are expected to do a large amount of work for nothing. Up to now

the work of the physician has been the cure of sick persons. Now it has largely become the prevention of sickness. Patients will co-operate more or less in the work of being healed of their diseases, and are not wholly ungrateful to the healer, but those who are in daily danger of becoming patients will do little or nothing to assist the men who are fighting to keep disease from their doors. They laugh at bacteria and mock at microbes; carry the germs of disease in their clothes from house to house; sweep up the dust of the streets in their trailing skirts; take little or no pains to disinfect the excreta from such infectious cases as occur in their own homes; oppose with all their influence the erection of hospitals for infectious diseases in their midst, careless as to what becomes of the patients so long as they pass not by their own doors; impede the efforts of medical officers of health and inspectors of meat and other food to improve the hygienic condition of our towns and the quality of food we consume; disregard the authoritative condemnation of the corset, and in a multitude of ways help to make the work of the modern physician as hard as possible. Chaldea and Babylon could have taught us this, at least, that everybody is bound to help the State to the utmost of his power in the battle against disease and death."

ELEVENTH INTERNATIONAL CONGRESS.

AS a recent notice in this journal has informed our readers, the Eleventh International Congress will meet in Rome, Italy, from September 24th to October 1st, 1892. By an official letter dated August 22d, 1892, and signed by Prof. Guido Saccelli, president, and Prof. E. Varagliano, secretary-general, Dr. A. Jacobi, of New York, has been directed to form an American sub-committee. Its membership is not yet complete, but on it are already found, besides that of the chairman, the names of Drs. William Osler, of Baltimore; S. C. Busey, of Washington; N. S. Davis, of Chicago; Charles A. L. Reed, of Cincinnati; Wm. Pepper, of Philadelphia; F. Payre Poacher, of Charleston; James Stewart, of Montreal; and Alexander J. C. Skene, of Brooklyn, N. Y. In the interest of facilitating the trip to Italy and reducing the expense, arrangements will be made with the steamship companies. According to a communication from the central committee—contained in a letter of

the secretary-general's, dated September 14th—the North German Lloyd proposes to reduce the fare to Genoa by twenty per cent. and that of the return trip by ten per cent. It is expected that still more favorable terms will be secured.

CHECKING DIARRHŒA.

THE Medical Record gives, in an interesting and practical way, the methods formerly used for checking the diarrhœa of children, and one especially is practical, by plugging the anus with a velvet cork. "In 1832 an American physician proposed to check the diarrhœa of cholera by plugging the anus with a soft velvet cork. An English physician, even more ingenious, proposed to keep the blood circulating by putting the patient on his back on a board, and see-sawing him up and down at the rate of eighty to one hundred times a minute. Another physician advised bleeding, turpentine, and cool drinks; still another thinks the disease one of the spinal cord and sympathetic, and plasters the back with ice-bags."

HEARTLESS DOCTOR.

SAYS the Brooklyn Medical Journal: "Such is the epithet applied by the newspaper to Dr. Craigen, of Alleghany county, Md., who is said to have removed the stitches from the leg of a patient because he would not pay the doctor \$2 for having put them in. The facts are alleged to be that a wounded man had been taken by his friends to the office of Dr. Craigen, and that he, after dressing the wound, put several stitches in it, and then demanded \$2 as his pay; that the friends of the patient were surprised, supposing that, as he was the county physician, there would be no charge; that the doctor told them if they did not pay him he would undo his work; that the men insisted they were penniless, and that the doctor thereupon, with the remark that he didn't intend to do that kind of work for nothing, deliberately cut the stitches."

Such a character should not be allowed to bear the title of M. D. He should be very severely dealt with, morally and physically. It seems hard to believe that such a thing lives.

EDITORIAL BRIEFS.

There were 160,000 deaths from the cholera in Russia up to September 1st.

The cholera scare is about over, and the question: "Doctor will it reach us?" will not be so popular.

The California Medical Board, which met August 2d, granted license to twenty-three. Three of these from colleges in New York.

The Record says that Physicians have a right to ride a bicycle, wear a sack coat, russet shoes and go to a club, if he is rich enough for such luxuries.

Dr. W. P. Craven, of Bristow, one of the leading, most pleasant and genial physicians of that place, called to see us last week. We are always glad to see such men.

A Philadelphia hotel, says the California Medical Journal, has had in its employ for some time a Leper cook. I should think this would be proof against the cholera.

Since Corbet has whipped Sullivan, and the cholera did not reach us, and the election is nearly over, what will people talk about? What will engage their attention?

Many new advertisements appear in this issue. All are from first-class houses and should be carefully read. Be sure and read them. In ordering goods please mention this Journal.

We watch with interest the great feeling existing between the New England Medical Monthly and the Medical Progress over the present Code of Ethics. Two good journals and we enjoy the conflict.

So far the cholera has been kept out of New York—there being only a few sporadic cases. This is due to the diligent, active and efficient work of the directors and managers of the quarantine department.

The Times & Register devoted one issue to typhoid fever. It describes the disease in every conceivable form. It is growing very popular for journals to devote each month to some special disease or important topic.

The New York Medical Record reports a case where a piece of

steel was found in the heart of a man at an autopsy recently held in Brookly. It resembled a woman's hat pin. A woman is often the next thing to a man's heart.

A member of one of the leading printing houses went to his dinner recently and he seemed to be in an unusual spitting mood. Being asked by his wife why he was spitting so much, replied that he had been reading proof of *THE CHARLOTTE MEDICAL JOURNAL* and wanted to wash out his mouth before eating.

E. A. YARNALL CO'S. CATALOGUE FOR 1892.

This handsome catalogue of surgical instruments issued by these manufacturers, is new and complete in every sense. Great care is shown in its make-up. It is very compact, contains many illustrations, and is well printed. While we can speak of the catalogue in high terms, no less can we speak of the goods this house manufactures for their superior excellence.

Books Reviewed.

POST MORTEMS—What to look for and how to make them; with sections on Infanticide, Poisons, Malformation, Etc. By A. H. NEWTH, M. D., and F. W. OWEN, M. D. The Illustrated Journal Co., Detroit, Mich.

This little book contains one hundred and thirty-five pages of very useful and thoroughly practical reading matter. No physician can tell when he may be called to hold post mortem or act as witness in such cases. To feel easy and not excited in such cases is a great comfort. Read this book and you will be thoroughly prepared for any emergency.

TUBERCULOSIS OF BONES AND JOINTS. By N. SENN, M. D., Ph. D., Professor of Practice of Surgery in Rush Medical College; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon Presbyterian Hospital; Surgeon-in-Chief St. Joseph's Hospital; President of the American Surgical Association; President of the Association of Military Surgeons of the National Guard of the United States; Permanent Member of the German Congress of Surgeons, etc. Illustrated with 107 Engravings (seven of them colored). In one handsome Royal Octavo Volume, 520 pages. Extra Cloth, \$4.00 net; Sheep, \$5.00 net; Half-Russia, \$6.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1231 Filbert Street.

The author states in the preface that his object in writing this book has been to collect from recent literature the modern ideas on tubercular diseases of bones and joints and present them to the reader in a condensed form, mingled, in appropriate places, with the results of his own experience. No work of recent origin has more glowing prospects for a great demand than the present work.

The treatment of no class of diseases has been so mystified and erroneous as that of bones and joints, and none require greater care and more proper treatment. This book, studied, will supply the present existing need. It contains 504 pages, profusely illustrated with lithographic plates. It is printed in clear type, on heavy paper, and reflects credit on the publisher. The name and professional positions of the author would indicate, without further explanation, the general scope and character of the work. We heartily commend the work as being the best of its class, and we know, from careful perusal of its contents, that it will be endorsed by all who are in possession of a copy.

A NEW JOURNAL.

The St. Louis Medical Journal has reached our table. It is a neat, nicely printed and well edited journal. There is room and plenty for all such, and we wish it well.

THIRD EDITION.—Reduced Price List Surgical Instruments and Appliances. Miller Drug Company, 109 Walnut Street, St. Louis, Mo.

This is a large and complete catalogue, giving description and price of everything in this line. Any one can find any article here and save time and money.

THE following so justly expresses our sentiments that we reproduce it entire :

A Dead Beat.—In the publication of this journal we have carefully avoided taking any advertisements except from first-class, reliable, meritorious houses, and for the time we have been publishing the journal we have to report one first-class fraud. The Barr Electric Manufacturing Co., of 17 and 19 Broadway, N. Y., is not a case of "*honest inability to pay*," if we are correctly informed, but is a concern determined to beat medical journals out of their legitimate dues. We therefore warn the "Age" and the medical journals of the country, that in our opinion this Barr Electric Manufacturing Co., of 17 and 19 Broadway, N. Y., is a rotten, thieving, malicious, designing, scheming fraud of the first water, and we regret that the files of our journal show that we run their advertisement for three months.—*The Alabama Medical and Surgical Age.*

If other Journals have been cheated by this house we hope they will copy this and do all they can to "bust" this firm.

Selections.

Prize Essays.

ON THE ACTION OF ALCOHOL AND ITS VALUE IN DISEASE.

The American Medical Temperance Association, through the kindness of J. H. Kellogg, M. D., of Battle Creek, Mich., offers the following prizes :

- 1st. One hundred dollars for the best essay "On the Physical Action of Alcohol, based on Original Research and Experiment."
- 2d. One hundred dollars for the best essay "On the Non-Alcoholic Treatment of Disease."

These essays must be sent to the Secretary of the Committee, Dr. Crothers, Hartford, Conn., on or before May 1, 1893. They should be in type writing, with the author's name in a sealed envelope, with motto to distinguish it. The report of the committee will be announced at the annual meeting at Milwaukee, Wis., in June, 1893, and the successful essays read.

These essays will be the property of the Association and will be published at the discretion of the committee. All essays are to be scientific, and without restrictions as to length, and limited to physicians of this country.

Address all inquiries to

T. D. CROTHERS, Secretary of Committee,
Hartford, Conn.

Reading Notices.

Extract from an article written for the London Lancet, by M. K. Hargreaves, M. D., 49 Weymouth street, W. London, England.

The Anderson Vaginal Capsules are designed for the introduction of medicated tampons into the vagina, and are convenient, simple and cleanly; they prevent the medicament from being pressed out from the absorbent during introduction; thus gaining the advantage of retaining the full strength of the ingredient used and avoiding the annoyance to the patient of exposure or soiling the underlinen.

They can be used in all cases of diseases of the vagina and cervix uteri for exhibiting local remedies, and also act as a capital

support to the uterus in prolapsus, malposition and relaxation of of uterine ligaments and atonicity of the vaginal walls. Unlike mechanical pessaries, they do not cause irritation, congestion, chronic inflammation or uncomfortable feelings; but they have both curative and healing properties, with facility of application.

I have used them for some time now and find them superior to any other means I have yet tried for local medication, and as a support to the uterus; for any known remedy can be employed, whether astringent, sedative, antiseptic or alterative. I have used them with success in leucorrhœa, vaginitis, ulceration of cervix uteri, etc., and have found them eminently serviceable.

I beg to call the attention of gynecologists and general practitioners to the great advantages of these capsules over all other forms of local medication.

M. K. HARGREAVES, M. D.

Treatment of Gun-Shot Wound in the Right Gluteral Region Penetrating the Rectum.

BY E. B. GOELET, M. D., SALUDA, N. C., MEMBER N. C. MEDICAL ASSOCIATION.

On November 4th, 1891, I was called to see John P., a youth of fifteen years, who, while carrying a shot-gun, loaded with squirrel shot, fell, the breech of the gun slipping backwards, and the weapon being discharged, with the muzzle in contact with his body at a point opposite the right sacro-iliac synchondrosis. The whole load of shot entered the gluteus muscle, carrying with it the paper wadding and scorched pieces of his clothing. Upon examination under an anaesthetic, I found some of the shot just beneath the skin about one inch posterior to the anus and one-half inch to the right of the coccyx.

I made an inspection there and extracted the shot, then passed a probe through from the point of entrance and brought it out at the lower wound, a distance of about five inches, and followed it with a rubber drainage tube the size of a No. 20 catheter (American scale). After cleansing the wound thoroughly with a 1 to 2000 bichloride solution, I dressed it with antiseptic cotton, applied a T bandage and gave him a hypodermic injection of $\frac{1}{4}$ gr. morphia and $\frac{1}{120}$ gr. atropia.

At that time there was no evidence of any communication with

the rectum. The next day the fecus passed naturally and continued to do so until the 9th, five days after the injury, when I was hastily summoned, the messenger stating that the wound at both ends was discharging fecus in abundance. I took with me a neighboring physician who administered chloroform. I then dilated the sphincter ani to almost complete paralysis, and upon examination found the rectum penetrated opposite the lesser sacro-sciatic notch. I then introduced into the rectum a rubber tube, one-half inch in diameter, for about four inches, so that its upper extremity should be above the point of communication between the wound and bowel, thoroughly cleansed the wound of all fecal matter, gave a saline cathartic, and ordered the patient to be fed only on animal soups and extract of beef. On the next day, at my visit, I found the rubber tube in the rectum too small, so I had made a tube of hard fine grain wood three-quarters of an inch in diameter, with a hole in it over one-half of an inch wide, to carry off the fecus, which I kept in a fluid state with solution of sulphate of magnesia, until the bowels were thoroughly emptied.

Under the administration of the animal fluid diet, the kidneys acted freely, and there was little or no residue collected for several days. At my visit each day thereafter I removed the rectal tube as well as the tube from the wound, and thoroughly irrigated both wound bowel. For two weeks after the date of the injury I continued to remove debris of clothing and gun-wadding from the wound. I maintained the patency of the bowel with the wooden tube for twenty-six days, when it gave the patient so much distress I was obliged to abandon it. Upon the first introduction of the wooden rectal tube I closed the wound of entrance by pressure, and thereafter introduced the drainage tube through the lower wound. The upper wound, after some days, began to granulate and heal kindly; the lower wound to diminish in depth and calibre until Dec. 12th, a period of thirty-eight days, when I discharged the patient. The lower wound at that time presented a mere opening, only one-eighth of an inch in depth, and there being no apparent or discernible communication whatever with the bowel, the fecus passing naturally.

March 30, 1892. Within the past few days I have seen the patient about his usual avocations, and he says that he is entirely well.

A Modern Method of Advertising.

It has always been regarded as fitting that an expert in a certain field should exhibit his expertness to his less fortunate fellow-practitioners. During late years this has manifested itself in a special manner. One desirous of such advertising in a certain locality would seek an invitation to be present at a meeting of the local society, and read a paper upon his specialty. Those seeking still wider fields read similar papers before larger societies representing larger areas. At present the major proportion of medical societies are more or less frequently the recipients of this sort of attention, and advertise some specialist to their membership. If the latter be a really bright man, full of tact, the advertising is sure to redound to his financial prosperity; if he lack either knowledge or tact, he may be advanced backwards. On the whole, we incline to the belief that this sort of advertising—or, as the hunters say, “pot-hunting”—is likely to prove beneficial in every direction. Some amusing incidents occur often in connection with it. Thus Dr. Hingston (British Medical Journal) tells the following:

At a meeting of a large medical society in the United States, a gentleman from one of the large centres exhibited an instrument for removing foreign bodies from the nose. He extolled its advantages, was applauded, and everything promised well. When he had finished, a small, nervous man advanced somewhat briskly to the platform, and began to speak in a sharp style, in terse language, using but few personal pronouns. He said: “Mr. President: Much obliged to the gentleman from the city. Long distance for him to come to show us this instrument; long distance for us out here to send for one. Now, when called to see a child with a cherry or any other kind of stone, or pea, or bean, or button, in his nose, not going to send all the way to the great city for this instrument, and for the professor to come with it—for that is what it means. Can do without both. Wherever there is a boy with something in his nose that has no business there, there is sure to be a woman in the neighborhood; and wherever there is a woman, there is sure to be a hairpin. Now, with the boy and his nose with something in it, and the woman and her hairpin, and a live doctor and his jackknife, nothing more is wanted. With the jackknife half open, bend the double end of the hairpin, coax this bent end

along the roof of the nose, raise the wrist a little, and withdraw the bent end well down; and if one of the boy's toys is there, it is sure to come. Wouldn't give that instrument (he had made one while addressing his audience) for the instrument of the gentleman from the great city, and it don't cost as much money. There is not enough of that in the backwoods for the Professor."—*Lancet*.

Concerning Alcohol.

Undoubtedly the majority of physicians firmly believe that alcohol is a stimulant—a prompt, diffusible stimulant—but this is a false impression. That the primary effect of alcohol is exciting can not be denied, but the same is equally true of other depressant poisons, and the reaction, after the exhibition of alcohol is so profound as to demand a further supply of stimulating fluid. The truth of this statement is well illustrated in the drunkard whom we meet, daily, staggering along in the direction of his favorite saloon.

It is also claimed by its partisans that alcohol, when taken into the system, acts as a food, that it retards metabolic, an easy prey to gloom and despondency, and when torturing uncertainty and suspense become unendurable, he is apt to have recourse to morphia, chloral, cocaine, anything that will lull the tormenting pain and give him transitory rest. Then, it is not long before his mental equilibrium is lost, his nerves shattered, and even slight provocation may call forth the fatal step that closes the sad drama of his life.

Now, is there any remedy for this condition of things? We think so. In the first place, none but men possessing a certain amount of love, capacity and fitness for their calling, should enter the medical profession, and they should be men sound in body and mind, for the physician's life is a hard and arduous one at best.

Then, no doctor should accept more work than he can attend to, with proper intervals for rest and recreation. There is, perhaps, no other profession in which things are so unevenly distributed as in the medical. One physician has more than he can do, and can not spare a moment from his practice, while another, perhaps equally as good, is unable to earn a modest livelihood.

Lastly, every doctor should bear in mind that, however philan-

thropic and benevolent he may be by nature, neither philanthropy nor benevolence are current coin of the realm ; that there is an important business side to every occupation, and that his books should be methodically kept, accounts balanced and bills rendered at the end of each month.

The observance of these simple rules would, in a large measure, enable the physician to avoid those conditions of life which tend to destroy his mental balance and impair his judgment to such an extent that he is no longer responsible for his acts.—*Medical Brief.*

The Emancipation of the Doctor.

One of the services which the medical profession of this city has done has been to emancipate its members from many of the needless and narrowing conventionalities of the past. There was a time when a doctor had to set himself apart ; he was obliged to wear a black coat, a professional air, and refrain from dancing and all other social frivolities.

Not long ago, says the Sun, a Boston physician of eminence wondered how the New York doctors could dare to go to their clubs during the day. If he were entering the Somerset Club in Boston in broad daylight, he said, his practice would suffer disastrously. Under such stress the doctor was obliged to carry his profession everywhere with him, he could be a doctor and nothing more. In Washington, and probably other cities, the physicians dare not be seen riding a bicycle or doing anything else savoring of ordinary human enjoyments. This city has certainly, more than any other, broken loose from this thralldom. The doctor has to study harder, work harder, be more alert and wise than ever. But if he is known to be thus industrious and skilful, he is allowed as much personal freedom as any one. The change is vastly for the better. The time is going by when "a good bedside manner" is the essential thing. The physician now must, above all things, understand his profession, and know how to deal with human nature. True, he can ride a bicycle, wear a sack-coat, russet shoes, and go to a club, if he is rich enough for such luxuries.—*Medical Record.*

Free. A ticket to the World's Fair. For particulars address Atlanta Journal, Atlanta, Ga.

A Word of Advice to the Young Doctor.

In a few weeks several thousand young doctors will be launched out on the stormy sea of life to sink or float, according to the strength of their timbers. If they commence in the country they will probably begin to earn a living there from the very first day, for there are no hospitals or dispensaries and drug stores there to attend to the mass of the people. But if they start in the city without private means they will find the struggle during the first few years rather a hard one. And yet, with industry and self-denial, those few first years may be made of the greatest value by employing the time in increasing the stock in trade of knowledge; while in spite of the hospitals and dispensaries and druggists prescribing the young doctor can hold his own if he will adapt his requirements to his environment. The rich are few in number and have their doctors since many years, and they cannot be expected to leave him whom they have known and tried for one who is totally unknown. But the poor form the vast majority, and it is right in the midst of them that the young doctor should start. They will surely call him once, and it only remains with himself whether they will employ him a second time. With two weapons he can surely drive them away to the free dispensary or druggist's counter; the first is by demanding a fee utterly beyond their means to pay, and the second is by sending them to a drug store for a costly and elegant put up prescription. The poor hate the out-patient department of the hospital and the dispensary because the latter invariably inflicts upon them great hardships in the matter of loss of time, and they would gladly give even far more than they can afford to be attended at home. But when the young doctor scorns to attend the poor laboring man with a large family for less fee than that which the millionaire pays to the dean of the faculty, the poor man cannot be blamed if he turns away with regretful steps from the door that should be so glad to see him enter. There are thousands of families in Montreal whose average income, including Sundays and holidays, is less than a dollar a day, and with this meagre income there are many hungry little mouths to feed and bodies to clothe, besides the exorbitant rent and taxes and fuel to pay. And yet most of these people have as much parental love as the rich, and would gladly give a

fourth of their income for a week or a month to the young doctor who would attend the child and supply the medicine. How few millionaires would give a fourth of their incomes for the services of a physician? If the young doctor would attend the working-man and supply the medicine for a reasonable fee the medical journals would soon cease to be filled with long letters complaining of the "Abuse of Hospitals," "The Dispensary Nuisance," "Counter Prescribing," and "Patent Nostrums."—*Canadian Med. Record*.

What's the Matter With the Women.

BY ROBERT T. MORRIS, M. D., NEW YORK.

Jennie is not well nowadays. Do you remember what a tomboy of a school girl she used to be, and how hearty and rosy she was before her marriage two years ago last September? There ought to be a baby in the family by this time; but her cheeks are very pale and she does not often get down town of late to do shopping. 'Twas an untamed bachelor who described woman as an artistically prepared object with a pain in its back and constipated bowels, but that description fits Jennie now, poor thing! and there's more than that to say too, for there are pelvic pains and distress that never leave her for a moment. One acute attack of pelvis peritonitis she has had and another will come on before very long. Dr. Grubb examined her the other day. He asked her to lie down upon the bed, and then without loosening the corset he poked a cold sturdy finger into the vagina and made out as well as he could that the uterus was retroverted. So he took down a pessary in the afternoon and fitted it snugly. He did not feel the ovaries and tubes, because somehow or another he did not seem to have much luck at finding them and he wondered if anybody really ever did if the truth were told. "Come up to the office on Monday, Jennie," he said cheerfully, "and we'll see if that pessary hasn't made a change. I've had lots of cases that picked right straight up just as soon as we got the uterus in place." But the pessary started up the old irritation of the bladder and the neuralgia of the left leg, and then came a flush upon the pallid cheeks, but no one would have mistaken it for the color that Dr. Grubb wanted to see. Mrs. Harvey was a sympathetic caller when she led her romping little Joe in to

see her former gay schoolmate. "Oh, Jennie," she said, "I wouldn't have that horrid old Grubb around me. His cases always go like yours. If you would only call in my doctor—Dr. Silker—he's just too lovely for anything, and you will be just as well as I am if you only give him a chance to help you." What a pleasant face Dr. Silker showed at the door next day, and as he laid his hat and gloves gracefully upon the table and told grandma that she was looking younger every year, and patted Rover's head until the shaggy black tail wagged hard and fast in response. Anybody could tell he was a kind man who would do all he could to help a sufferer, especially one he had known as a boyhood friend. "Jennie! Ah, yes! more than your share of trouble, haven't you, poor girl," he said, with feeling. She was lying upon the lounge in her Mother Hubbard wrapper. "I won't hurt you a bit," said he, "but in order to find out exactly what the matter is I must make an examination. Needn't move any! There now! Sort of unpleasant, isn't it, but you know we doctors must do it if we are going to do our duty by little patients who put confidence in us." So Dr. Silker examined just as Dr. Grubb had done and found the same thing and a little more, that the uterus did not move very freely and there was a great deal of tenderness up in there somewhere. "Pelvic cellulitis! Hot douches are the thing for you," he said confidentially. "Didn't Dr. Grubb say there was pelvic cellulitis? Oh, well! oversight on his part! Grubb is a good fellow, but sometimes a little careless about getting all the points in a case."

A week passed and Jennie was better. "Told you so!" said Dr. Silker. "Hot douches always do that; and now, Jennie, you just keep on with them, and you won't need to see us doctors anymore."

How could Jennie know that when she married her Sam he had a trifling gleet that Dr. Grubb had said wouldn't be any obstacle to marriage? But she whom he loved so dearly, he had attacked, and he had fired at her a weapon loaded with a charge more cruel than buckshot; so that years of suffering were to be her lot.

The hot douching made her better but it tired her a good deal, and by and by she didn't bother to use quite so much water or to have it of just the right temperature, and it was not long before she had again relapsed into the condition of the chronic pelvic invalid.

Gradually she will fade away with recurring attacks of pelvic

peritonitis or will finally make a miserable recovery in a childless and dreary old age of nerves and discomfort.

Her doctors might call in a surgeon or a gynæcologist from the city, but Sam and Jennie have already started in as a young married couple and they are already handicapped by doctor's bills. There are a good many specially qualified younger men in the profession who would be glad to go out and help the patient for small fees, but her doctors have not yet heard of them, and the men of whom they have heard are so well known that they cannot afford to care for any such case. So there the matter stands! Then again, surgeons always want to cut, don't you know! and that's bad for the patient—that is, if the patient don't need it. And there is the thought, too, that Jennie may get well anyway if Dr. Grubb and Dr. Silker can only have patience to wait long enough. It is easy for the two strong, busy men to wait. If they were to actually make a diagnosis in the case then they would at least know what was best for the patient. Why don't they help her up on the kitchen table, clad only in a night-gown, and put each of her feet on a chair so that the knees and hips are flexed and the abdomen is relaxed, and then pull the buttocks just over the edge of the table. After that the ovaries and tubes could be examined, but not unless the examining finger were introduced with the nail up. The edges of the finger tip would be depended upon principally for feeling purposes, and the fist should come just exactly right to crowd up the perineum so far that the examining finger would reach full three inches higher than it would if it were inserted with the nail down, and the fist in the way at that. *Pollice Presso*. The patient dies! That's odd enough to be remembered.

But yet the proper insertion of the finger is not enough. A fist or the finger tips of an open hand must be pressed upon the abdomen firmly enough to crowd the pelvic organs down upon the examining finger, and even that is not enough. The fine sense of touch is all lost if the doctor pushes with his arm, and grunts, and lets a drop of sweat hang on the end of his nose. His elbow must be placed against his own hip or abdomen when the finger is in the vagina, and then his body forces the arm and hand forward so easily and with so little effort that the finger is at liberty to do its level best.

Smile, experts, if you will, at this simple and elaborate descrip-

tion of your trick, but remember the way in which the good old family physician, your respected preceptor, used to examine pelvic cases, and tell us, by-the-way, if it were from him that you learned how to find ovaries and tubes. Remember, too, that the highly educated neurologist has told you that his cases of puerperal insanity have an elevated temperature; and he was not familiar enough with the pelvis to know that the temperature was associated with pus down there. With heads he deals, and if the case turns up otherwise he loses. Remember that in every city block and in every country hamlet there are women languishing with pelvic disease. Their physicians are willing helpers, and practical men, and yet they do not make a diagnosis for lack of the knowledge of a little trick or two. "Pelvic peritonitis" isn't a diagnosis. "Pelvic cellulitis" is worse yet.

Jennie is not going to get better. She has a pair of pus tubes and the ovaries are cystic and throttled with adhesions. She could never have a child even if the offending members were in the sloppail, but she could regain the rosy cheeks and the hearty laugh, and could be a useful member of the community and a help to her ambitious husband.

Doctor, don't you know Jennie?—*Medical Mirror*.

The metric system is frequently used in prescriptions, pedantically and otherwise, and for the benefit of those not accustomed to this plan, we will insert in this column in each issue of the Journal, the following correct table of metric weight and measure:

The metric unit of fluid measure is the liter, the cube of one-tenth meter, or 1,000 cubic centimeters—equal to about thirty-four fluid ounces. The metric unit of weight is the gram, which represents the weight of one cubic centimeter of water at its maximum destiny. It is equal to about fifteen grains.

One cubic centimeter is equal to about sixteen minims:

Thus: 1-64th grain=100th gram, or 0.001

" 15 grs. =1 gram, or 1.000

" 1 grain=1-15 gram, or 0.066

By a little study, the above will clear up trouble in reading this system, which is already confusing our readers instead of helping them.—*Hot Springs Medical Journal*.

Abstracts.

Babcock (R. N.) on the Treatment of Acute Croupous Pneumonia.

Except in rare cases, of unusually robust and plethoric individuals, in which at the outset the pulse shows high tension, and dyspnœa is extreme, and who, seen early in the stage of engorgement, can be kept under close observation, I should not employ *veratrum viride* or any other arterial sedative. I should advise a small dose of morphine in combination with atropine, hypodermatically, *e. g.* an eighth or in some instances a fourth of the former combined with one two-hundredth or one one hundredth and fiftieth of the atropine. This would ease the pain and lessen sense of dyspnœa, without too greatly obtunding sensibility. At the same time I should order an ice bag or ice coil or a cold application of some other efficient kind to the side. This will ease the pain, which is due to the coincident pleuritis, and add greatly to the patient's comfort. In exceptional instances the application of cold is not well borne, but occasions a good deal of nervousness, when, of course, its continuance is not advisable. If the bowels are confined it is well to administer a mild dose of calomel or blue pill, followed by a gentle saline. The effect of the mercurial is not only to unload the bowel, but it also diminishes arterial tension, thereby tending to lessen venous congestion. So soon as the temperature reaches or exceeds 103 degrees F. resort should be had to sponging or the ice cradle. According to Fenwick, sponging with warm water effects a fall of temperature of about two degrees F., but with a rather speedy return to its original height. This often occurs in about an hour, necessitating a repetition of the sponging. In fact the patient should be sponged every one or two hours. For this reason, as well as because of its continuous employment, the ice cradle is preferable. This consists of an ordinary surgical cradle having pails of perforated zinc filled with ice suspended from the central bar, above the body of the patient. It is well to cover the bottoms of these pails with lint to prevent dripping. This apparatus is placed above the patient, who is deprived of all clothing, and only protected by a sheet thrown over the cradle. Thus the body is kept enveloped by an atmosphere of cold, and as a result

a gradual reduction of the body heat takes place. The pulse must be kept up with stimulants, alcohol in some form being preferred. During all this period of high fever the nourishment of the patient should receive careful attention, in form of milk, preferably diluted with some effervescing alkaline water, as Vichy, apolonaris, or seltzer, beef tea, strong broths, soups, and it may be an occasional egg-nogg.

With the occurrence of the stage of resolution and lessening body-temperature, the antipyretic measures may be gradually or wholly discontinued. The dietary may be made more generous, and tonics, as strychnine and quinine, administered. Expectorants may now be ordered in most instances with advantage. And of these carbonate and chloride of ammonium are probably the best. Small doses of iodide of potash and ammonium, one to three grains, three or four times a day, have seemed to me very efficacious in liquefying and aiding expectoration.—*North American Prac.*, March, 1892.

The Fort Wayne Medical Journal wants diplomas to remain licenses to practice medicine. It has great faith in the ability and capacity of the medical college to make all the doctors in the State intelligent practitioners. The medical profession has already put the opposite view into operation in many States, and is seeking to enlarge the number. If a licensing board should be established in Indiana, the work of the Fort Wayne College could be exhibited to the profession and the people. We are in hearty accord with the sentiment of the New York profession, that the graduates of medical colleges shall prove their capacity to practice medicine before a license be granted them. A college diploma never should be such a license.—*Lancet*.

The number of deaths from cholera in Russia, up to September 1st, has been officially placed at about one hundred and sixty thousand. Adding to this upward of forty thousand deaths in other parts of the Continent, we obtain a total of two hundred thousand victims in Europe alone. There is no doubt that these figures are much below the actual number, for the official returns are universally acknowledged to be incorrect. How many have perished in Central Asia will never be known.—*Medical Record*.

Science vs. Money.

Being in an instrument store not long since, we noticed the pattern for a bivalve speculum, of gigantic proportions. As we were a little curious to know its use, we made inquiry and was told by the maker, that the instrument was being made for Dr. ———, a veterinary surgeon of the city, who was going to use it in the artificial impregnation of mares. It seems that there was a very high-priced horse in the city, and the scheme was to beat the owner of the horse out of the price of the colts that might be sired by his horse. So this bright doctor conceived the idea of artificial impregnation as a means of getting blooded colts at small cost. Hence instead of paying for each mare individually, he would take one mare to the horse, and immediately after service, he would take the fructified mare, to where there were several other mares who were in heat, and proceed to divide her treasure with the others, thus getting several colts for the price of one. It was for the purpose of bringing the mouth of the equine womb into view that the long bladed speculum was to be used.—*California Journal*.

The United States Investor has decided to offer \$2,000 in prizes for essays of not more than one column each respecting American cities and towns. The following distinguished gentlemen have consented to act as judges to award these prizes: Hon. Henry Cabot Lodge, of Mass., F. Crisp, of Georgia, Hon. Julius C. Burrows, of Michigan. The prizes will be divided as follows: For the best essay respecting any American city or town, \$500; for the second best essay respecting any American city or town, \$300; for the third best essay respecting any American city or town, \$200. Each essay is to deal with the merits of the city or town chosen as its subject, either as a desirable place of residence; as affording opportunities for investment; as a place of peculiar location; as a place of unusually rapid growth; as a place in which an unusually large amount of capital and labor is employed in any particular industry; as a place possessed of great undeveloped resources, such as water-power, coal and iron, etc., which is peculiar because it has long escaped attention; as a place of great historical interest; or as possessing any other claim to unique interest or special distinction. In awarding the prizes, the judges will consider the literary merits

Ch. Marchand's



Trade Mark.

GLYCOZONE.

PREVENTS FERMENTATION OF FOOD IN THE STOMACH.
MOST POWERFUL REMEDY FOR HEALING PURPOSES. CURES :
DYSPEPSIA, GASTRITIS, ULCER OF THE STOMACH, HEART-BURN.
Glycozone is sold only in 4-oz., 8-oz., and 16-oz. bottles. Never sold in bulk.

CH. MARCHAND'S PEROXIDE OF HYDROGEN

(MEDICINAL) H_2O_2 (ABSOLUTELY HARMLESS.)

MOST POWERFUL BACTERICIDE AND PUS DESTROYER.
ENDORSED BY THE MEDICAL PROFESSION.
UNIFORM IN STRENGTH, PURITY AND STABILITY.
RETAINS GERMICIDAL POWER ANY LENGTH OF TIME.

Send for free book of 80 pages giving articles by the following contributors :

DR. PAUL GIBIER, of N. Y., DR. S. POTTS EAGLETON, of Phila, Pa.,
DR. CHAS. P. NOBLE, of Phila, Pa., DR. C. A. PHILLIPS, of Boston, Mass.,
DR. J. H. DeWOLF, of Balti., Md., DR. JOHN V. SHOEMAKER, of Phila., Pa.,
DR. W. S. MULLINS, of Henderson, Ky., DR. CHAS. W. AITKIN, of Flemings-
burg, Ky., DR. H. F. BROWNLEE, of Danbury, Conn., DR. J. LEWIS SMITH,
of N. Y., DR. J. MOUNT BLEYER, of N. Y., and many others.

NOTE.—Avoid substitutes—in shape of the commercial article bottled—unfit,
unsafe and worthless to use as a medicine.

Ch. Marchand's Peroxide of Hydrogen (Medicinal) is sold only in 4-oz.,
8-oz., and 16-oz. bottles, bearing a blue label, white letters, red and gold
border, with his signature. Never sold in bulk.

PHYSICIANS WILLING TO PAY EXPRESS CHARGES WILL RECEIVE FREE SAMPLES ON APPLICATION.

BOTH OF THE ABOVE REMEDIES
ARE PREPARED ONLY BY

☞ Mention this publication.

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris (France)."

SOLD BY
LEADING DRUGGISTS. Laboratory, 28 Prince St., New York.

A Voice from the South.



THAT a greater variety of valuable MEDICINAL PLANTS are found in the SOUTHERN STATES than in any other section of this country, is a fact known to all physicians who have taken the pains to investigate the sources of our drug supplies. In fact, the South will hold her own, in this respect, with any

other section of equal area in the world. She furnishes the principal laboratories of our own country with the bulk of their crude drugs, and even foreign manufacturers draw largely on her fields and forests for supplies of many valuable medicinal agents not found elsewhere. It is, therefore, not surprising that the discovery of a remedy that promises to revolutionize the treatment of Chronic or Constitutional Diseases (such as Syphilis, Scrofula, Rheumatism, Eczema, etc., etc.,) is announced from that quarter. The story of this discovery is charmingly told in a little book (for physicians only) entitled:

"A Voice from the South,"

which will be mailed free to any physician sending address to

*Verrihus
Clemiana*



The Clemiana Chemical Company,

ATLANTA, GA.

of the essays, as well as the merits of the town or city described. They will not, however, go outside of the essay itself for evidence that the town or city possesses any special interest. Any claims which even a well-known city may have to distinction within the intent upon which these prizes are offered must rest wholly upon what is said by the essayist within the space of the column allotted to him. This condition, together with the consideration of literary merits, will give the essayist an even chance. All the essays which are intended for competition should be marked as such and forwarded to either of the offices of the United States Investor, 19 Pearl Street, Boston; 335 Broadway, New York; 241 Chestnut Street, Philadelphia.—*Maryland Medical Journal*.

Menstruation in an Infant.

O. E. Tchernomorkik, of Tchashniki, relates (Vratch) the case of a normally developed and generally healthy girl who has been regularly menstruating since February, 1891, when she was not quite one year old. The hæmorage recurs every four weeks, lasting on each occasion four or five days, and being accompanied by occasional pain about the hypogastrium. The first menstruation was preceded by some fever, an urticaria-like rash over the whole body, and general restlessness lasting for three days. The symptoms subsided with the appearance of the bleeding. The girl's mother is somewhat nervous but otherwise healthy. She began to menstruate about the age of fifteen.—*St. Louis Medical and Surgical Journal*.

As medicine becomes more and more exacting in her demands upon her sister pharmacy, the latter with equal steps advances to meet and sometimes to anticipate her wishes and needs.

An example of this is found elsewhere in our columns.

The medical profession demands a pure pepsin, free from septic impurities, of a high digestive power, pleasant to the taste, and withal perfectly soluble.

Pharmacy presents Webber-Pepsin, S. & D., with a guarantee that all these features are present in a marked degree.

Sharp & Dohme announce 1 to 6,000 as their standard for the Webber-Pepsin, S. & D., and will gladly send samples for your clinical consideration if you address them mentioning this journal.—*Buffalo Medical Journal*.

Peroxide of Hydrogen in Intestinal Diseases.

Dr. Richards (Med. Neuigkeiten) has used this drug for twenty years. In carcinoma it removes the terrific odor, and, in combination with tannin, it reduces the secretions. Amongst other cases, the writer communicates one of ulceration (strumous) of the sacrum, complicated with adhesion and ulceration of the lower portions of the intestines and profuse suppuration in the rectum. At the same time the patient complained of an intolerable pain in this region, such as the author had never witnessed. Here a ten per cent. solution of the peroxide of hydrogen, with tannin and dilute hydrochloric acid, gave the best results. Though the case ended fatally, the secretions and pain were easily controlled. In a case of chronic dysentery, with frequent dejections of thin, fetid stools, a solution of the remedy with tannin, injected high up into the intestine by means of a long rubber tube, once a day, produced at first discharge of pus or masses of pus and blood; and a cure in a short time.—*Medical Brief.*

Fatal Poisoning by Colored Hose.

It is unfortunate that laws cannot be made sufficiently protective, or else executed so as to prohibit the sale of poisonous clothing to non-suspicious customers. The Sanitary Era, it seems, has been pointing out the dangers of recently introduced colored hose, as now worn by men and women in accordance with the demands of fashion, and has been collecting cases in proof of their dangers to life and health. This "progressive health journal—not for sanitarians only, but for citizens, mothers, nurses, invalids—everybody," in its issue for September, 1892, adds the following "to the numerous poisonings from colored hose, heretofore reported:"—"Schenectady, N. Y., Sept. 2.—Ivan Kamitz, aged 31, died here yesterday. His death resulted from blood poisoning, caused by wearing colored hose on a foot which had blistered. In the middle of June the Rev. Robert Doiz, pastor of the Reformed Church of Scotia, a suburb of this city, died from the same cause." If the histories of many cases of deaths from poisonous agents not recognized were properly traced, it is probable that many would be found as due to the wearing of colored hose or clothes—colored by poisonous dyes.

Treatment of Hemorrhoids.

Mr. J. Brindley James states (*Brit. Med. Jour.*) that for some years he has been in the habit of treating hemorrhoids by the simple process of applying calomel to them with the finger alone, and without a single exception he has done so with marked success, especially when inflammatory action was obvious in the hemorrhoidal mass, characterized by mucus discharge and hemorrhage, accompanied by most painful sensation of weight in the rectal region. All these symptoms under this simple influence were speedily relieved, with the still more important subsequent advantage of the patient's restoration to ease. A short time since a patient came to him suffering so acutely that he could neither sit nor walk freely, each movement of the body entailing excruciating pain. He has now seen him thoroughly enabled to pursue his usual occupations in happy immunity from these distressing symptoms.

Treatment of Appendicitis.

Dr. A. Worcester (*Annals of Gynæcology*) says: Appendicitis is an inflammation of a useless organ, dangerously situated.

At the beginning of an attack it is not possible to determine whether it will prove of the harmless or of the dangerous kind.

The diagnosis is easy in comparison with the task of diagnosing the seat of any acute inflammation.

At the beginning of an attack the excision of the appendix is an easy and a perfectly safe operation.

If so treated, all complications and all subsequent attacks are avoided.

In view of the results already obtained by following this treatment, no other treatment is worthy of consideration.—*Lancet*.

Doctor—"You must take a teaspoonful of this medicine three times a day regularly, taking a dose before each meal, until you feel better."

Journalist—"But my dear doctor, I can't possibly follow your directions."

"Why not?"

"Because I don't get but one meal every two days."

Gonorrhœa.

In compliance with a request from a medical brother, I send you the formula I use in treating gonorrhœa in the male. But before proceeding with my favorite way of treating this order, I will give a formula which I have used many times with much success :

R.—Bal. Copaiba,	1 ounce.
Tinct. Cubebæ	½ ounce.
Salol,	84 grains.
Ol. Gaultheriæ,	1 drachm.
Syr. Acaciæ, q. s. ad 3 ounces	

M. S. Teaspoonful two hours after meals, three times a day. To be well shaken.

The above formula is the best I ever used, until I devised the following treatment :

R.—Lithiated Hydrangea (Lambert), 4 oz.

Sig: Take two teaspoonfuls in water, with six drops of oil of gaultheria, three times a day, two hours after meals.

R.—Morph. Sulph.	4 grains.
Zinc. Sulpho-Carbolate,	40 grains.
Peroxide Hydrogen,	4½ drachms.
Aquæ Dest. q. s. ad.,	4 ounces.

M. Sig. : Use syringeful, after urinating, three times a day.

In writing the above I write three prescriptions, one for lithiated hydrangea, one for ol. gaultheria, and one for injection. I always instruct my patient to exercise great care, when using the syringe, to press the urethra with thumb and forefinger to prevent the fluid from being thrown too far back. A little caution right here will prevent the intense irritation that so commonly follows the use of the syringe, in causing irritation at the neck of the bladder. In the hydrangea we have, par excellence, the remedy for the painful urinating, combined with the lithia, which is as pleasant a diuretic as is needed. The oil of gaultheria can well serve the same purpose as the balsam of copaiba, while the injection will quickly exterminate the exciting cause.—*B. Frank Price, M. D., Braddock, Pa., in Medical Brief.*

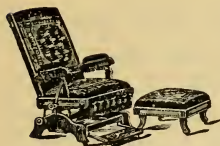
One of the funniest things that has happened in Greenville for some time was the shooting of a negro by a policeman. The cop blazed away at the man and shot him in the elbow, the ball glancing and striking the negro in the cheek. As he spit the ball out he said: "Look heah, white man, you quit dat shootin' at me. Füs' thing yuh knows yuh gwinter brake some 'spectable pusson's winder glass."—*Memphis Avalanche.*

Every Physician in the World Should Read this Advertisement.

The Rip Van Winkle Reclining Rocker!

OFFICE AND GYNÆCOLOGICAL CHAIR COMBINED.

Special Inducements given to Physicians for a Limited Time. WRITE AT ONCE.



No. 1.

This is the most complete Physician's Chair ever offered to the profession. It combines a handsome leather-covered Office Chair and a first-class Gynæcological Chair, at less than one-half the price you would have to pay for any other first-class gynæcological chair alone.

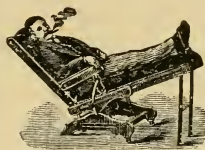
The chair is first-class in every respect and fully warranted. It has over two hundred changes of position; it is noiseless in all its movements; the back can be lowered or seat tilted at any angle desired, with full weight of patient thereon, with the utmost ease.



No. 2.

As a Gynæcological Chair it will take any position shown, or any intermediate position, besides having newly-patented improvements, which make it without doubt the best and cheapest Office and Gynæcological Chair in the World.

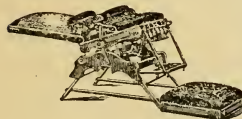
This chair can be converted from a splendid office chair (see cuts Nos 1 and 3) into one of the most complete Gynæcological chairs in one-half minute (see cuts Nos 2, 4 and 5).



No. 3.

This chair is sold with or without the Gynæcological attachment, as desired. It is unquestionably the most complete and comfortable reclining or lounging chair ever made. We make a special price to physicians, and also give them a handsome commission on all orders we receive through them for chairs for their patients. No chair in the world is so well adapted to ladies suffering from female weakness, and the commission we give on your orders will soon pay for your own chair.

SEND 2c. STAMP FOR SIX ELEGANT COLORED ENGRAVINGS.



No. 4.

Showing the chair in different positions and different styles of upholstering, etc.; also circulars containing splendid testimonials from nearly every State and Territory in the U. S.

REMEMBER.

This chair has nickel-plated attachments and adjustable stirrups. You cannot buy as fine a Gynæcological chair as this of any other reliable make for less than \$70 or \$100.



No. 5.

The chair can be rigidly locked in any position. Physicians should order at once, as the special inducements we are offering only hold good for a limited time.

Manufactured by P. C. LEWIS MANUFACTURING CO.,

Box 229.

CATSKILL, N. Y.

The World's Antipyretic, Analgesic and Anodyne.

EXCELLENT in all kinds of Headache. SAFE and SURE. Relieves Sciatica,

Myalgia, Hemisrania, Typhoid

Fever, and troubles due to irregular-

ities of Menstruation. Works like a charm.

ANTIDOLOR

A GRAND SUBSTITUTE FOR MORPHIA.

AN ENTIRELY NEW

COAL TAR DERIVATIVE.

Put up for Physicians in two forms—POWERED and 5 GR. TABLETS.

Samples of each sent on application.

Trade Supplied by United States and Canada Jobbers.

ANTIDOLOR CHEMICAL COMPANY, SPINGFIELD, ILLINOIS.

PRICE, PER OUNCE, 75 CENTS.

Medical Expert Testimony.

The Minnesota State Medical Society proposes the following as a law to regulate medical experts :

Section 1. In all cases pending in the courts of this State, civil and criminal, before or at the time of said cases, the judge of said court, when it is made to appear to him that the appointment of expert upon medical, scientific or mechanical questions is desirable, may appoint such experts to examine into the subject matter in controversy, said experts so appointed to be selected in reference to their impartiality between the contending parties; the number of such experts in each case to be fixed by the court.

Section 2. In all cases where experts are so appointed, the court is to fix their compensation, and in all criminal cases direct the payment of the same in the same manner as witnesses on the part of the State are paid ; in all civil cases the amount so fixed and determined by the court shall be taxed as disbursements by the successful party.

Section 3. The court may order such experts to examine into any medical, scientific or mechanical question, and after such examination to testify in court in reference thereto.

Section 4. The testimony of said experts so appointed by the courts shall be prima facie evidence of the statements and conclusions as to the questions in reference to which said testimony has been given.

Section 5. The court may also fix and determine the amount to be allowed such experts for and on account of any medical, scientific, or mechanical examination, analysis or test, which the court may deem advisable to have made and direct the payment thereof, or permit the taxation thereof, as costs, as hereinbefore provided.—*Physician and Surgeon.*

“During the past year we had under care a young lady, the daughter of the mayor of a neighboring city, whose life was being greatly marred by a painful affection of the eye, which had baffled the skill of several of the leading oculists of this country and Europe. It was finally decided to be due to a peculiar uterine condition. Only a few such cases have been known. She was altogether cured of the trouble which had existed for over four years by tablets of Ponca Compound.”—*Ed. Mass. Med. Jour., Boston.*

Miscellaneous.

Notice.

The Quiz class conducted by Dr. Joseph Collins, of New York, will organize for its winter's work on October 1st, 1892.

Students prepared for their college, hospital, and State examinations. An average of 50 per cent. of the members of this quiz class are successful in securing hospital appointments.

Preparation for the positions in the Army, Navy, and Marine services a specialty.

A general direction of a student's studies from the beginning will be assumed when desired. Students beginning the study of medicine can, for a small extra charge, sign under Dr. Collins as their preceptor, and have all responsibilities assumed. Frequently young men coming to New York to study medicine waste a good portion of their first year by not knowing what to do and how to go about it. An experienced quiz master obviates this.

The class has always been composed of Southern men and references can be made to physicians in almost every State of the South. Correspondence solicited.

Address, DR. JOSEPH COLLINS,
153 Lexington Ave., New York City.

NEW YORK, June 22, 1891.

AMERICAN MILK AND KUMYSS CO. :

Gentlemen—This is to certify that I have carefully examined Cream Kumyss and find it to be free from adulteration of any kind. It is my opinion that it is the best article of its kind in the market.

CYRUS EDSON, M. D.

"Caller—"I understand the position of literary critic on your publication is vacant. I should like to apply for it."

Editor of Magazine—"Um—you look like a healthy, vigorous man."

"Yes, sir. Never was sick a day in my life."

"Liver in good order?"

"Perfect."

"Digestion good?"

"Admirable."

ALGONA, IOWA, January 22, 1892.

THE SEARLE & HERETH CO., Chicago, Ills. :

Dear Sirs—The bottle of Tritica reached me all right; have used some in a case of Chronic Cystitis with excellent results.

Yours, &c., H. C. MCCOY, M. D.

Well Worth Knowing.

There are some women of the brunette type usually with an olive skin, sometimes with a fair skin, who have the misfortune to bear upon their upper lip, or on the sides of their face, just in front of their ears, a growth of fine, dark hair. The hair is of the lanugo variety, and is noticeable only on account of its dark color. The application, by means of a camel's hair brush, of hydrogen peroxide, will bleach the hairs and render them invisible except on very close inspection. As a preliminary measure, it is well to wash the growth with a solution of powdered borax in water, to remove the grease which adheres to every hair. The application should be made several times a day until the hairs are thoroughly whitened, and after that as often as is necessary to maintain the color.—*Maryland Med. Jour.*

BROMO SODA.—“I have tried your Bromo Soda in cases of Nervous Headache and Sleeplessness, and find it an excellent remedy, relieving headache and giving natural sleep in a few minutes.”

J. D. NOLAND, M. D., Bate, Ohio.

The New York Medical Record states that, in a New York City hospital, a dangerous operation was being performed upon a woman. Old Dr. A., a quaint German, full of kindly wit and professional enthusiasm, had several younger physicians with him. One of them was administering the ether. He became so interested in the old doctor's work that he withdrew the cone from the patient's nostrils, and she half roused and rose to a sitting posture, looking with wild-eyed amazement over the surroundings. It was a critical period, and Dr. A. did not want to be interrupted. “Lay down dere, voman,” he commanded, gruffly. “You haf more curiosity as a medical student.” She lay down and the operation went on.—*Bulletin.*

It is Important

may be used without his knowledge. Personal examination of remedies prescribed—is the best check upon substitution.

For the Physician to watch the character and quality of the remedies used in his prescription: Possibility DOES NOT CEASE when the patient leaves the office; for impure, stale, or inferior preparations the office; for impure, stale, or inferior preparations prescribed—is the best check upon substitution.

Ferro-Salicylata Liquid.

MERRELL.

An eligible combination of Methyl Salicylate and Tinct. Citro-Chloride Iron, in a pleasant and permanent form.

Each Fluid Drachm Contains
True Salicylic Acid—from Oil
Wintergreen (Methyl Salicylate),
..... 5 grs.
Tinct. Citro-Chloride Iron,
..... 5 minims.

NOT SOLD IN BULK.

ELIXIR

Pinus Compositus.

MERRELL.

Each Fluid Drachm Contains
White Pine—fresh bark..... 2½ grs.
Balm Gilead Buds..... 2 grs.
Spikenard..... 2 grs.
Cherry Bark..... 1½ grs.
Ipecac..... ¼ gr.
Sanguinarina Nitrate..... 1-64 gr.
Morphine Acetate..... 1-16 gr.
Ammonium Chloride..... ½ gr.
Chloroform..... ½ minim.

NOT SOLD IN BULK.

"Merrell Co.'s" "Green Drug," Fluid Extracts, True Salicylic Acid, Salts of Hydrastis, Fluid Hydrastis, and Specialties may be obtained of wholesale druggists throughout the United States, at the Home Office at Cincinnati, or the New York Office, 96 Maiden Lane, New York City, Richards Drug Co., San Francisco, Agents for Pacific Coast. Prices current and printed matter cheerfully supplied.

THE WM. S. MERRELL CHEMICAL CO.

CINCINNATI.

NEW YORK.

MURRAY DRUG CO.

DR. B. BAER,

Columbia, S. C.

Charleston, S. C.

Ferro-Salicylata.—Merrell.

Ferro-Salicylata is especially valuable in that shade of disease peculiar to the anemic, delicate, poorly nourished or broken down patients—usually aged people—children or youth—but met with in all ages. In adults, and often in children when the disease is not plainly chronic, there will be a long series of recurrences with intervals of doubtful health. It may also be employed in acute articular rheumatism, and in some cases of acute tonsillitis, especially where the diagnosis is at first in doubt between rheumatic angina and diphtheria, also in acute rheumatism and rheumatic affections generally.

Ferro-Salicylata may be used in combination with the Iodides and Bromides of Potassium and Sodium. Associated with the former, it will prove an admirable alterative and tonic in secondary syphilis attended by a debilitated condition of the general system. It also combines well with Chlorate of Potassium, the Hypophosphites, Fowler's Solution the vegetable bitter tonics, either in Fluid Extract or Tincture Form.

Ferro-Salicylata and all other preparations of this Company reach the laity through professional channels only, we therefore avoid entering into the minute details of their application, leaving the physician to make such practical use of our therapeutical acts as in his judgment may be best suited to individual cases.

Ferro-Salicylata may be obtained of wholesale druggists throughout the United States, of our Eastern Office, 96 Maiden Lane, New York City, or direct from the Laboratory.

Please designate "Ferro-Salicylata—MERRELL."

Elixir Pinus Compositus.—Merrell.

An admirable combination of well-known and highly approved medicinal agents; recommended in acute, chronic and capillary bronchitis—in ordinary coughs and colds, and wherever a "routine" expectorant is suggested. In the treatment of cough following "La Grippe" it proved invaluable—many of our correspondents looking upon it as a "specific" in this stage of the disease.

CAUTION.—Physicians are reminded that the Elixir Pinus Compositus of this manufacturer is wholly unlike the many syrups, etc. under different names, and the difference will be readily appreciated when tried. In testing the physical properties of the Elixir Pinus, note especially its delicate taste and perfect freedom from the odor of rask syrup, the drastic, harsh and repulsive characteristics of the crude blood root, and other coarser ingredients, characteristic of competing preparations.

Anderson Antiseptic Vaginal Capsules

FOR THE LOCAL TREATMENT OF

DISEASES OF THE VAGINA AND UTERUS.

The most efficient and cleanly means of introducing remedies into the vagina. Antiseptic, perfectly soluble and reliable. Each capsule contains an absorbent tampon which may be medicated with any remedy indicated.

WHEN?

In all cases of acute and chronic inflammation of the lining of the womb, gonorrhoeal, syphilitic, purulent and leucorrhoeal discharges.
Relaxation of the uterine ligaments and weakening of the vaginal walls.
Falling of the womb. Ulceration of the os uteri.
Diseases of the ovaries and fallopian tubes.
Painful and scanty menstruation.
Where the womb is extremely irritable and neuralgic.

HOW?

Moisten the tampon with the remedy; draw it back into the capsule by means of the linen thread, replace cap and insert.

WHAT?

The result is a grateful relief to the sufferer and satisfaction to the physician. No handling of disagreeable drugs; no loss of medication in the introduction, no soiling of linen.

THE VERDICT!!

RATIONAL

CONVENIENT.

CLEANLY.

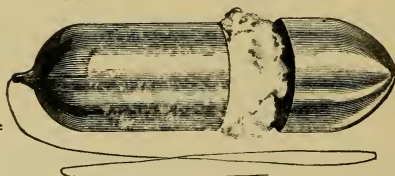
EFFICIENT.

Three Sizes.

No. 1 Small

No. 2 Medium

No. 3 Large



Tampons.

Absorbent Cotton,
Oulo-Kutun (Wool
and Cotton), or Wool,
as desired.

Exact size of No. 2 Capsule.

Any size by mail postpaid on receipt of price, 60c. per box.

VALUABLE AS A PESSARY.

Extract from a letter from Dr. A. J. Howe, Professor of Surgery, Eclectic Medical Institute, of Cincinnati, O.

"The Anderson's Vaginal Capsules charged with tampons of Oulo-Kutun are a convenient vehicle and medium for introducing touches or medicated flairs into the vagina, and retaining them there. Astringent, sedative and antiseptic liquids may be thus employed, instead of the syringe as an implement, or a speculum."
Respectfully,
A. J. HOWE, M. D.

Send for printed matter containing valuable information.

THE HALL CAPSULE CO.

Manufacturing Chemists.

CINCINNATI, OHIO.

Have you seen our "Ruby Capsule" for disguising the physical appearance of prescriptions, and for use when two medicines are to be taken in alternation?
Send 10c. for trial box of 100.

SALEM, OREGON, August 25, 1890.

THE PRATT MEDICAL CO., DENVER, COL. :

Sirs—Enclosed find draft, for which please send me one-half dozen "Pratt's Brain and Nerve Tonic," by express. I find your preparation to be an excellent and elegant one, far surpassing any phosphorus preparation I have ever found; the combination also is very fine. Have found very pleasing results to follow its use; I should hardly know how to get along without it now.

It should find its way into the hands of every practitioner.

Very respectfully,

E. S. MILLER, M. D.

Suicide on Account of Rejection at an Examination.

The increasing severity of the pass examinations of medical students in Italy multiplies the number of rejected candidates, some of whom have been found to put an end to their studies and even to their lives. A deplorable case of the latter, "desertion of the post," as Plato puts it, is announced from the Bologna School. A student of medicine, known to be industrious and very popular with his class-fellows, was found dead on the evening of the 6th inst., in his room. He had committed suicide by severing with a razor, the carotid artery of the left side. Failure to satisfy his examiners had, it seems, induced profound melancholia, under an acute accession of which he had just made away with himself.—*Med. Rev.*

For Surgical Instruments go to E. A. Yarnall Co., 1020 Walnut Street. Philadelphia.

A recent instance of man's inhumanity to woman is related in Maine: After she had milked the cows, strained the milk into thirteen stone crocks, carried the crocks down into the cellar, skimmed the cream, washed the crocks and put them on the fence palings to dry, heated skim milk for the calves and carried it to the barn for them, got the cream ready for churning, put her husband's supper on the table, and then hurried to take the crying baby, the farmer's wife said that she tired, and asked her husband to buy her a portable creamery in order to lighten her labors. The farmer replied that he couldn't afford it, and the next day he went to town and bought a riding plow, paying for it with the butter money.—*Sel.*

A New Preparation of Iron, a Specific for Anæmia.

Reynold W. Wilcox, A. M., M. D., Prof. of Medicine in the N. Y. Post Graduate School and Hospital, read a scholarly paper entitled, "Anæmia, its treatment with a New Preparation of Iron," before the section in General Medicine of the New York Academy of Medicine, April 19, 1892, which was published in the New York Medical Journal, May 7, 1892. The author reports the clinical history of twelve cases of anæmia which he has treated with the most gratifying success by Weld's Syrup of Chloride of Iron. [Parke, Davis & Co.'s] The conclusions of Dr. Wilcox are: In anæmia iron is by far the best remedy. Of all preparations the Tincture of Iron Chloride is the most valuable. The official tincture is objectionable in that it excites nausea, disgust and vomiting, stains and destroys the teeth. These disadvantages are obviated in Weld's Syrup of Chloride of Iron. In removing these disadvantages its therapeutic efficacy is not in any way impaired.

"Doctor, what is a good cholera mixture for this time of the year?" "Well, ice cream, watermelon and lager beer will do very well."—*Indianapolis Journal*.

Among the newer uses which have been made of Sulfonal in therapeutics, we have observed the report of Dr. Julius Althaus (*Am. Jour. Med. Sci.*), in which the author successfully treated post-grippal psychoses, where insomnia was present, by the use of prolonged warm baths, and Sulfonal. Dr. Hammond is reported as making successful use of this remedy in insomnia following the opium habit; and several observers attest its value in alcoholic delirium. Sulfonal has also given very satisfactory results in inveterate and incurable cases of epilepsy where there is super-excitability of the brain, and where the attacks are very numerous. The alleviation was very marked in all cases, although the doses were smaller than the average dose for insomnia, being from 10 to 36 grains, administered in warm tea broth at bedtime; or given in fractional doses during the day.

Salicylic acid is said to be an effectual remedy for tape worm. It should be given in doses of eight grains every hour until forty grains have been taken, then follow with a full dose of castor oil.

DEAR DOCTOR :—We find since establishing the fact that Elixir Three Chlorides is an exceedingly valuable alterative and tonic, it has led too much silent substitution ; we would therefore kindly ask of you to specify Renz & Henry's (R. & H's.) to insure a prompt and progressive result, pleasant taste, and avoid any bad features.

RENZ & HENRY.

Good Bedside Manners.

The editor of the National Review has his say on this subject. He says: "The day has not altogether disappeared when a good bedside manner was the great requisite for success. If the doctor was gentle to the women and attractive to the children, his success was assured. This is so to a certain extent to-day, but it is disappearing at the approach of the dazzling light of modern research. The coming physician is the one who will demonstrate his ability to combat disease. The man who can prove by actual demonstration that he understands the *antitoxines*, is the one who is coming to the front. An American surgeon of to-day who has astonished a world by his statistics, astonishes alike all those who see how easily he operates without display and with scarcely a handful of instruments. But his patients recover. We would not underrate the value of a good bedside manner; but the scholar is coming to the front. Brains are at a premium."—*Age*.

Dr. Richardson, in the *Asclepiad*, comments on the subject of dreams. Dreams, he considers to be all explainable on physical grounds. We make dreams as we make our lives, and they are the reflex of that which goes on in our organism. Absence of dream in sleep is a sign of sound health, physically and morally. The dreams of childhood almost always indicate deranged health. If subjective they indicate body derangement, if objective that some injurious food is being supplied the developing mind. A night of dream is a sure sign of mental overstrain.—*Physician and Surgeon*.

McArthur's Hypophosphite Co's Syrup is a standard and reliable preparation. It is not a conglomerate mass of poly-pharmacy as some others in the market, but embodies the valuable therapeutical properties of the Hypophosphites of Lime and Soda, without objectionable ingredients.—*Virginia Medical Monthly*.

LEXINGTON, KY., July 24, 1892.

THE SEARLE & HERETH CO., CHICAGO, ILL. :

Gentlemen—Will you kindly send the following list of our physicians a sample of "Calolactose"? After several months' use of it I think it the finest preparation of calomel I ever saw, and would like to aid you all I can in introducing it to the profession generally.

Very truly yours,

W. L. ELMORE.

Why Physicians Should Specify.

There are many reasons why the doctor should specify upon his orders and prescriptions the name of the manufacturer whose product he favors, but the following extract from a letter to a prominent manufacturer furnishes an additional one:

"We would like to handle your laboratory products and surgical appliances with our trade, but the margin you afford us is not sufficient, so every time your make is asked for we work off something else that affords us a better profit if we can. This often occurs. If you can either allow us a better price, or charge the doctor more, we should like to buy from you; otherwise we must continue hereafter as we have done in the past."

The physician and the retailer should appreciate the fact that the manufacturer is being continually pressed either to establish a higher price for the doctor, which will afford the jobber an extravagant margin, or to cut down the selling prices to the jobber as to compel the manufacturer to cheapen the quality of his product in order to enable him to do business at any profit whatever. The doctor can remedy this to a great extent by insisting that his orders and prescriptions be filled as specified, and accept no substitution.
—*Medicus in Age.*

Quinine pills and capsules are very insoluble, being discharged undissolved. Febriline, or Tasteless Syrup of Quinine, has been found to be just as reliable in all cases as the bitter sulphate of quinine, and physicians will find it to their interest to use it for adults as well as children in place of pills and capsules. It is as pleasant as lemon syrup, and will be retained by the most delicate stomach, having also the advantage of not producing the unpleasant head symptoms of which so many patients complain after taking the pills and capsules.

The Best Time to Eat Fruit.

It has generally been accepted that the best time for indulgence in fruit is in the morning, and before any other foods have been eaten. Dr. Sequin, an eminent member of the profession, dissents from this, and says, in substance, that one of the worst things in the popular dietary is the eating of an orange or two before breakfast. Here is a quantity—from two to three ounces—of sweet acid liquid introduced into the empty stomach. It hinders the free flow of gastric juice; and then in cases of lithæmia, oxaluria, and nervous dyspepsia, this liquid is of such a nature as to increase the formation of oxalic acid.

“I wish that physicians would everywhere exert their influence to banish this custom—which is a misunderstood transplantation of a Cuban custom (Cubans take only coffee after their morning fruit, and do not eat breakfast until eleven or twelve o'clock), practiced nowhere else in the civilized world—from among our people. The only physiological preliminary to breakfast, in my opinion, should be a glass of water, or ordinary temperature for healthy persons, and hot for dyspeptics.”

There is no disputing what Dr. Sequin has said. And all other fruits have much the same effect as the orange. Hence, the old custom must go, and the rule be fixed to eat fruit only after other foods have been eaten and digestion is well under way.—*Boston Journal of Health.*

A Victim to Professional Duty.

The *Vratch* gives the following details of the assassination of Dr. Moltchanoff at Kwalinsk, due to the troubles caused by the appearance of cholera in that city. Our confrere was about to leave for St. Petersburg to take charge of the cholera hospital. When the riots first began, in spite of the advice of his friends who implored him to leave, Moltchanoff, thinking it his duty to remain, stuck to his post. He performed his duties until the 30th of July, when the first band of rioters arrived, loudly demanding his head. They had nicknamed him as Dr. Cholera and accused him of having undertaken by a bond, in consideration of a sum of money, to poison the water supply of the city. With difficulty the doctor saved himself on horseback and took refuge in the house of a

friend, where he was betrayed by the servants. The mob surrounded the house and threatened to burn it, when, to save his host, Moltchanoff gave himself up to the rioters. Three priests who interfered to save him were half killed by the crowd, who then subjected the doctor to a long martyrdom. They threw him on the pavement and stamped on him and kicked him, while the women attacked him with stones and hammers until the body was not recognizable. Even then they kept guard so that it should not be removed. The government has granted a pension to the widow and children.—*Review*.

Good Deeds of American Physicians in Foreign Lands.

From a recent number of the Independent we take the following personal item reflecting credit on American physicians and students, some of whom are familiarly known in New York, in their distant fields of labor or study: "Americans abroad are contributing their share toward the relief of suffering and the cure and prevention of disease. In Persia the Presbyterian medical missionaries in Teberan have treated large numbers of patients, and their usefulness has been limited only by the means at their disposal. Not only the Board of Missions but the State Department have interested themselves in this work, and expressed their willingness to forward any sums that may be committed to them. In Berlin, Dr. Harris Graham, a member of the medical faculty of the Syrian Protestant College at Beirut, Syria, now in Germany on his vacation, has organized the American medical students into a corps of assistants and nurses to render the more efficient aid to the city authorities should their assistance be needed."—*N. Y. Medical Journal*.

John L. Sullivan is said to be a paralytic. By the long-continued alcoholic soaking to which his tissues have been subjected, the connective tissue elements have become hypostrophied, the increased growth causing atrophy of the muscular fibrillæ. The magnificent development of muscle that won him so many victories has thus given place to a spurious hypertrophy; the bulk remaining, the consistency even increased, but the force has imperceptibly diminished, until he again exemplifies the aged simile of the oak of fair appearance, but rotten at the heart.—*Times and Register*.

A NON-TOXIC ANTISEPTIC.

FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE.

Non-Toxic, Non-Irritant. Non-Escharotic—Absolutely Safe, Agreeable and Convenient.

FORMULA.—LISTERINE is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria, and Mentha Arvensis, in Combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic acid.

DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

☉ LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its peculiar adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eruptions of dyspepsia, and to disinfect the mouth throat and stomach. It is a perfect tooth and mouth wash, indispensable
FOR THE DENTAL TOILET.

Diseases of the Uric Acid Diathesis.

LAMBERT'S LITHIATED HYDRANGEA. . . .

. RENAL ALTERATIVE—ANTI-LITHIC.

FORMULA.—Each fluid drachm of "LITHIATED HYDRANGEA" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY OF DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

DOSE.—One or two teaspoonfuls four times a day (preferably between meals).

The ascertained value of HYDRANGEA in Calculus Complaints and Abnormal Conditions of the Kidneys, through the earlier reports of Drs. Atlee, Horsley, Monkur, Butler and others, and the well known utility of Lithia in the diseases of the uric acid diathesis at once justified the therapeutic claims of LAMBERT'S LITHIATED HYDRANGEA when first announced to the medical profession, whilst subsequent use and close clinical observation has caused it to be regarded by physicians generally as a very valuable Kidney Alterative and Anti-Lithic agent in the treatment of

URINARY CALCULUS. GOUT. RHEUMATISM, CYSTITIS, DIABETES, HAEMATURIA, BRIGHT'S DISEASE, ALBUMINURIA, AND VESICAL IRRITATIONS GENERALLY.

Realizing that in many of the diseases in which Lambert's Lithiated Hydrangea has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed. We have had prepared for the convenience of physicians

DIETETIC NOTES.

suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of Listerine and Lambert's Lithiated Hydrangea.

LAMBERT PHARMACAL CO., St. Louis, Mo.

Cheese.

It is generally recognized that cheese is indigestible, and for ourselves we can never regard it as anything but *rotten* milk. This "plain English" idea of ours receives scientific support in the following language which we find in *The Bacteriological World*:

"Microscopical and bacteriological studies of cheese show that it swarms with microbes of various sorts, and is now well known, the flavors characteristic of the different varieties of cheese are wholly due to the products of the microbic action; the older the cheese the more numerous the microbes, hence the greater probability that its presence in the stomach will set up fermentative or putrefactive changes in the food-substances which have been eaten. Prof. Vaughan's researches have shown that cheese always contains a larger or smaller amount of tyrotoxicon, and doubtless also the microbes by which this powerful toxic agent is produced. Cheese must certainly be regarded as a questionable article of diet. It should be mentioned, however, for the benefit of those who will insist upon retaining it in their dietary, that its most noxious properties may be neutralized by cooking."—*Annals of Hygiene*.

According to that bright little magazine, *Baby*, a baby is born at every beat of the human heart. That is more than one for every tick of the clock. These living jewels, as the poet calls babies, dropped unstained from heaven, take wings and fly back whence they came, one for every minute of the day. From January 1st to December 31st between 38,000,000 and 40,000,000 living jewels are dropped into this cold world. The proportion of female births to male births is as one hundred to ninety, so that between 2,000,000 and 3,000,000 more girls are born in the world each year than boys. In round numbers, 5,000,000 babies never live long enough to talk, 5,000,000 more never have a chance to walk and 5,000,000 more never get old enough to go to school. Prof. Proctor figured that if from a single pair each husband and wife had married at the age of twenty-one for 5,000 years the population of the earth would now be, if there had been no deaths, 2,199,915 followed by 144 ciphers. When twins arrived in Artemus Ward's family somebody called it an episode. "Yes," said Artemus, "two episodes, weighing about eighteen pounds jintly." *Baby* does not calculate the number of episodes each year.

The Wm. S. Merrell Chemical Co., Cincinnati, O., believe that "written" labels on fluid extracts should always be looked upon with suspicion. A few houses still fill out "fractional pounds" from larger packages, but the system is being rapidly discarded for obvious reasons. To fill "orders as written" is the object of every jobber who would secure a permanent business, and every action tending to destroy confidence is avoided. Again, why should the risk of identity and quality be assumed by the jobber when it belongs solely to the manufacturers? The Wm. S. Merrell Chemical Co. take every responsibility connected with their fluid extracts, but decline to "father" any article claiming to be "Merrell's" sent to the dispenser or consumer with a written label.

New Hampshire has a clause in its divorce law rendering it possible to obtain a decree on the plea of treatment seriously injuring health or endangering reason. A husband recently complained to the court that his wife had become a believer in Christian science, and practiced as a faith-curess. He claimed as a result of this conduct, despondency and moroseness on his part, and produced medical testimony to show that if this condition were allowed to progress his mental and physical health would become imperilled. The judge immediately granted a divorce, and his wife should have been glad to have gotten rid of him.

Contents for November.

.....

ORIGINAL COMMUNICATIONS—

Facial Paralysis—Its Etiology and Treatment, by Dr. Joseph Collins.... Page 9

The Country Practitioner, by Dr. Cheves Beville..... 15

EDITORIAL 23

BOOK REVIEWS 29

SELECTIONS..... 31

ABSTRACTS..... 42

MISCELLANEOUS 53

We call the attention of our readers to the advertisement of the Robinson-Pettet Co., Louisville, Ky. This house was established fifty years ago, and enjoys a widespread reputation as manufacturers of high character. We do not hesitate to endorse their preparations as being all they claim for them.

Doctor's Tubular Buggy Lamp.



It is the only practicable and perfect Driving Lamp ever made.

It will not blow out

It gives a clear, white light.

It looks like a locomotive head light.

It throws all the light straight ahead, from 200 to 300 feet.

It burns kerosene.

Send for book.

R. E. DIETZ CO.,

7 Light St., N. Y.

≡≡≡ To Physicians and Hospitals. ≡≡≡

~~~~~  
A NEW AND COMPLETE

## Catalogue of Surgical Instruments,

OSPHOPEDIC APPLIANCES,

Batteries, Trusses, Etc., Etc.  
~~~~~

An Illustrated Book of 344 pages, bound in cloth, mailed free on application.

E. A. YARNALL COMPANY,

Philadelphia Surgical Instrument House,

1020 Walnut Street,

PHILADELPHIA.

WE WILL SEND

FREE TO PHYSICIANS

Who will pay transportation charges on same, sufficient quantities for thorough trial of any or ALL of the following preparations, viz :

COCAINE COMPOUND Suppositories and Bougies. Unexcelled for the treatment of Uterine Urethral, and Rectal Diseases.

ELIXIR OF IRON A pleasant and palatable reconstructive tonic. Easily borne by a weak stomach.

IRONWOOD TONIC Unsurpassed in indigestion, weak stomach, loss of appetite, etc.

WHITE PINE EXPECTORANT An exceedingly efficient Cough Syrup.

CAFFACEMON Tablets for Headache of all kinds, Neuralgia, Rheumatism, menstrual pains, LaGrippe, Fevers, etc. An excellent antipyretic and analgesic, utterly devoid of the depressing effects so common in that class of remedies.

Address **THE S. B. MEDICINE CO.,** South Bend, Ind., U. S. A.

Mention this journal when you write.

Charlotte Medical Journal.

VOL. I.

CHARLOTTE, N. C., DEC., 1892.

No. 6.

Original Communications.

Report of a Case of Sub-Acute Gastritis.

BY W. E. FITCH, M. D., GRAHAM, N. C.

Patient, Mr. ——. Was first called to his bedside at 7:30 p. m., March 24th. Found him vomiting every three minutes, which had continued about ten hours; thirst was intense, could not drink water, and the moment it was swallowed it was regurgitated from the stomach. Everything taken into the stomach was rejected; countenance wore a very anxious expression; eyes sunken, tongue very red at tip and coated with a yellow ashe-colored material; the papilar very prominent, the breath had very offensive odor; complained of a burning sensation in palms of hands and soles of feet; complained of pain in epigastrium, shooting backwards between shoulders. Pulse 120; temperature (axillary) 102; respirations about 27 to the minute; occasionally would have flashes of heat, followed by rigors. The bowels were constipated, urine very scanty and of a high color, loaded with lithates. The materials first vomited were the contents of stomach, followed by a grayish, stringy mucus. After this it was of a bright green color. The fermentation in the stomach had caused an evolution of gases which distended the stomach.

My treatment was morphia $\frac{1}{4}$ gr. hypodermically, to relieve pains, and cerii oxalas effervesence in two teaspoonful doses, after each vomiting.

At 9 p. m. vomiting less—only about every ten minutes. Treatment continued, and at 12 midnight vomiting about every twenty minutes. Treatment continued. At 2 a. m., March 25th, vomiting about every half hour; and then I added the following:

R—Cerii Oxalas	gr. xxx.
Ext. Nux Vomicae (alc)	gr. 5.
Ingluria,	3i.
Pomd. Opii	gr. x.

I ordered this made into charts No. X. Sig.—One every hour

till vomiting ceased. At 6 a. m. patient slept thirty minutes, and only vomiting about every forty or fifty minutes. At 8 a.m. patient better and ate a very little breakfast, drank a cup of coffee and went to bed for two hours. At 12 m. patient quite nervous; could not grasp a glass of water and hold it; almost a tremor. Prescribed Bromide of Potash and Tr. Nucus Vomicae, and was pleased with its effects. At 3 p. m. bowels moved very copiously from a large dose of Magnesia Sulphas, administered a few hours before. A very hard spell of vomiting about 4 p. m.; gave the powders of Cerii Oxalas in larger doses and controlled and quieted stomach, after which patient slept a few hours and felt very much relieved. Here I ordered Aqua Calcis, 3ii doses, and peptonized milk given in small quantities. The pain in epigastrium was very troublesome; ordered a mustard symposium, with pleasing results. At 6 p. m. patient vomiting about every two hours, and taking short periods of sleep.

Here I ordered the abstinence from alcoholic beverages, mineral acids for the atonic condition of stomach, and vegetable bitters for an appetizer, and charged the nurses as to the diet for whole period of convalescence.

At 8 a. m., March 26th, patient had a good night and feeling very much better. The patient discharged, but ordered to keep his room for a week, and I put him on tonic treatment.

The Peroxide of Hydrogen (Medical) an Indispensable Wound Sterilizer.

GEO. H. PIERCE, M. D., BROOKLYN, N. Y.

These are days of surgical triumph over suppurative disease. The careful, progressive surgeon does not propose to have even a trace of suppuration about his freshly made, and cleanly prepared wound as long as the healing process is going on, unless some predisposing dyscrasia, or unavoidable lowered tone of system stand in the way.

In healthy patients, healing by "first intention" in clean cut wounds is the rule, and to be expected, and when from other causes suppuration is present and putrid infection threatening, there are means at hand to change these conditions to healthy reparative action. The foundation of the principles of antisepsis is cleanli-

ness. Keep the wound clean during operation, by having a sterilized atmosphere and sterilized instruments and dressing, and the chances are that healing will take place without interruption. Besides the customary washes of corrosive sublimate, carbolic acid, boro-salicylic acid, etc., there is a preparation, not new, which I believe is being recognized as most important in maintaining surgical cleanliness, as the antiseptics mentioned. Its purpose is to thoroughly sterilize the wound, before it is closed. This preparation is the Peroxide of Hydrogen, (HO_2) or H_2O_2 , which is water, to the H of which, O in a nascent state has been added so as to form an extra atom of O. It differs from ozone in containing O in a positive state, ozone being O in a negative state, when the two are mixed, oxygen in its ordinary state, or natural oxygen, is formed. Peroxide of Hydrogen is used both internally and externally. Internally, it has been employed with success, in the treatment of whooping cough, 40 drops in a wineglass of water, with glycerine, being given at a dose, it checks spasms and secretion in these cases. But it is as a local application that I wish especially to speak of it, its mode of action probably being to impart oxygen to the diseased tissues, and thus to destroy them.

Probably the use most frequently made of this preparation, is in the cleansing of pus cavities, and suppurating surfaces. Any trace of pus remaining in any recess which an ordinary douch will not reach, is at once sought out by the Peroxide, decomposed, and brought to the surface, in bubbles of gas. It is useful in cleansing off ulcers, sloughs and gangrenous tissues, chancres, diphtheritic patches, etc., and in cleansing sinuses, and suppurating cavities, such as the pleural in empyema, and the uterus where there is putrid discharge, and in cleansing abscesses where either a puncture or free incision has been made; it is invaluable, clearing out the pus as nothing else will do. There is one class of diseases where its local action as a cleanser must be seen to be appreciated; and that is as a disinfectant for foul gangrenous growths. In a case of extensive epithelioma of the face, where only palliative measures were of use, I found the Peroxide of Hydrogen a very Godsend. This case was one of the most foul I had ever witnessed. When I first saw it, the odor from it was so great that it filled the house. It was covered with a cloth into which the discharge had accumulated, thus adding a greater bulk of fetid decomposition;

and to add to the horror, for such it was, upon removing the cloth, the surface was swarming with maggots, as large and active, as may be found in a heap of decomposing garbage, and not only on the surface, but they extended deeply into sinuses below the ear where it was impossible to reach them, except as they would come to the surface. My first impulse was to invoke Beelzebub for some patent exterminator, but finding myself left to my own resources, I set about bringing destruction as best I could. As time was of some moment, I removed what I could reach with dressing forceps, then douched with bichloride, 1-1000, then with Peroxide of Hydrogen, 15 vol. strength, rinsed this off with warm water, and douched again thoroughly, with permanganate of potash solution, and finally dusted the whole with beechwood charcoal, which, in addition to acting as an absorbent to the gases, made an appearance very much to be preferred to the ordinary gangrenous appearance. I ordered the cloth to be left off entirely; first, because it only added an additional fetid surface, and second, because the growth was very vascular and would bleed easily on being disturbed. It was dressed morning and night, and henceforth was kept almost entirely free from odor.

The same routine was gone through with each day. First, Peroxide of Hydrogen, which was applied by pouring it directly from the *bottle in which it came*, on absorbent cotton held by dressing forceps, so that it drooped directly on the growth; when immediately a white foam would cover the surface, from the disintegration of pus, gangrenous shreds, blood, etc. Second, rinsing off with warm water, then with permanganate of potash sol. gr. ij., cupful of water, allowing it to drip from a wad of cotton over the surface. Third, dusting with charcoal and leaving it uncovered. An immense lot of Peroxide was consumed in this case, being purchased in $\frac{1}{2}$ lb. bottles, six at a time. This seem to me a very effective means of keeping clean these foul discharging growths of the carcinomatous class; the Peroxide and permanganate, being a most thorough disinfecting combination; and if employed in any case of cancerous growth, where palliation alone must be relied on, will make that life and the lives of those closely associated with it, more endurable. One important fact remains in regard to the chemical properties of the Peroxide. To be effectual it must be kept from the air, tightly corked, in a dark bottle, and in a cool

place. It must be used directly from the original bottle. Do not permit the druggist to pour from one bottle to another when dispensing it, else the oxygen will escape and it will be powerless. If when using, the white foam does not appear, it is because the preparation has lost its strength and is absolutely of no use, of no more value than so much water. $H_2 O_2$ must be present. It is the additional atom of O combined with the H that does the work, by giving up that nascent O for the purpose of oxidation. The strength should be 15 volumes. The preparation which I always use is Marchand's Peroxide of Hydrogen (medicinal).

Cholera Asiatica.

DEFINITION :—*An Acute, Specific, Infectious Disease, Caused by the Comma Bacillus of Koch, Characterized by the Transudation of Serum into the Stomach and Bowels, and by Violent Purging followed by Collapse.*

HISTORY :—Cholera has been endemic in India from a remote period, but only within the present century has it made inroads into Europe and America. Cholera coming from India follows two lines—one the overland route in which it comes slowly and progressively, and can be traced step by step from India through Afghanistan and Persia to the boundaries of Europe; then from Resht along the Caspian Sea to Astrakam; from there into Europe. And the sea route—the cholera is transmitted from India to Mecca; from there it extends to Alexandria, which becomes a center for its diffusion into Europe. An extensive epidemic occurred in 1832. It was brought over in immigrant ships from Great Britain to Quebec. It extended up the great lakes and finally reached as far West as the military posts of the Upper Mississippi. In the same year it entered the United States by way of New York. The disease returned in 1835–36. In 1845 it entered through New Orleans and prevailed extensively up the Mississippi Valley. There was a fresh outbreak in 1849. In 1854 it again entered through New York and prevailed widely throughout the country. There were slight epidemics in 1866–67. In 1873 it appeared again, but did not prevail widely.

The disease has not gained a foothold in this country since 1873, although there have been several outbreaks in Europe.

The present epidemic (1892) which is raging in Europe, but

has not yet entered this country, except a few cases at the New York quarantine, started at Kaboul, the capital of Afghanistan. It followed the overland route through Afghanistan and Persia to the boundaries of Europe; it crossed Russia and appeared in St. Petersburg; then in Hamburg, which became a center for its diffusion. In Hamburg alone, according to official figures, there have been 17,962 cases, with 7,958 deaths.

ETIOLOGY.—The specific germ of this disease is the comma bacillus of Koch. It occurs constantly in the disease and no other. It has the form of a slightly bent rod, a little thicker but not more than half the length of the tubercle bacillus. It is not a true bacillus; but strictly speaking a spirochæte. It grows upon a variety of media and displays distinctive and characteristic appearances.

The bacilli are found in the intestine and stools from the earliest period. They are found in great numbers in the evacuations but rarely in the vomit. Post mortem they are found in enormous numbers in the intestine. In the acutely fatal cases they do not seem to invade the intestinal wall, but in protracted cases they are found in the follicles, and sometimes deeper in the tissue.

MODES OF INFECTION:—Contagion.—It is claimed by Loomis that cholera is a non-contagious disease. It is probable, however, that it is not contagious in the same sense as small-pox and scarlet fever, but that it resembles typhoid fever in that respect. The physician and others in close contact with the patient are not often attacked; while on the other hand those brought in contact with the stools and soiled linen of the patient, as the washerwoman, are very prone to the disease.

Infection.—Contamination of the water used for drinking, washing and cooking seems to be the chief method of propagation. Foods, principally vegetables, which have been washed in infected water, are a minor mode of infection. The germ has to be taken into the alimentary canal before it can become a source of disease. You eat or drink cholera, but you don't breathe it. Pettenkofer denies the truth of the drinking water theory and maintains that a certain porosity of the soil combined with moisture and contamination of organic matter is of the greatest importance. According to his theory, it is most apt to be severe and prevalent when a very dry period is followed by wet weather. Such instances favor

putrefactive and fermentative changes of its products which reach the wells of drinking water.

Pettenkofer holds that the germ develops in the subsoil during dry weather and that it rises in the air as a miasm. The specific poison of cholera is present in the evacuations, but it is not infectious when fresh; but acquires infections within from two to four days. Cholera prevails in hot climates during wet weather. It is more liable to occur in low lands than in mountains. Badly drained malarial districts favor its development. Bad food, overcrowding, mental depression, excesses in venery and alcoholic drinking, or debility from any cause, predispose to cholera. It attacks persons of any age, male and female alike. One attack does not confer impunity against a second.

Morbid Anatomy.—The body has the appearance associated with profound collapse. There is post mortem elevation of temperature; the rigor mortis is marked immediately after death, and muscular contraction which produces changes in position of limbs and body. The lower jaws have been seen to move and the eyes to rotate. The skin is shriveled so as to resemble the condition known as "parboiled;" the blood is thick and dark and deficient in coagulability; there is a diminution in the water and salts; there is an increase in the albumen and corpuscles as well as in the specific gravity; the peritoneum is of a rosy red color, dry and sticky; the coils of the intestine are congested and look thin and shrunken; the intestinal glands are congested and swollen; the mucous surface shows ecchymoses and patches of extravasation; diphtheritic ulcerations may be present; the intestine is filled with "rice water" which contains cast off epithelium and comma bacillus. The stomach contains a fluid similar to that found in the intestines; the mucous membrane is hyperæmic, swollen and ecchymotic; later it is collapsed and empty; the spleen is usually small, wrinkled and shrunken—it may be enlarged and soft; liver is pale and may show cloudy swelling; the heart is flabby, the right chambers are distended with blood, the left are usually empty; the lungs are engorged at the base, but the rest is collapsed. The mucous surfaces show hyperæmia ecchymoses and perhaps diphtheritic processes; the meningeal vessels of the brain and sinuses are engorged.

Symptoms.—The period of incubation ranges from one to eigh-

teen days; from two to four days is a common incubation period. Three stages are recognized in the attack: (1) Preliminary diarrhœa. (2) Collapse stage. (3) The period of reaction. The diarrhœa may set in without any premonitory symptoms, but usually there is a general malaise colicky pains in the abdomen, rumbling and looseness of the bowels, anxious countenances, and nervous phenomena such as vertigo; tinnitus aurium, headache and tremor.

Collapse Stage.—The diarrhœa increases and sets in with the greatest intensity. Profuse liquid evacuations follow each other rapidly, sometimes accompanied by griping pains and tensesmus. More commonly there is a sense of exhaustion and collapse; cramps occur which chiefly affect the muscles of the calf; the thirst is extreme; the tongue dry and white; vomiting sets in within a few hours and the patient rapidly sinks into a condition of collapse. The countenance becomes pinched and shrunken and of a leaden and ashy gray hue; the eye-balls sink in the sockets, the cheeks are hollow and the voice husky, the extremities cyanosed, the skin is wrinkled and shriveled and covered with perspiration; the temperature sinks in the mouth or axilla, it may be, five or ten degrees below normal, while in the rectum it may be as high as 103° or 104° Fah.; the pulse is very weak and the patient passes into a condition of coma. The fæces are at first yellow, owing to the bile pigment, but soon they become grayish white and look like "rice water" or "turbid whey," whence the name "rice water" stools. The stools contain detached epithelial cells, and comma bacilli in great numbers, flakes of mucous and granular matter. Its reaction is usually alkaline. It also contains albumen sodium chloride and at times blood. The condition of the patient is due to the concentration of the blood due to the loss of serum in the stools. Secretion is arrested particularly of the urine and saliva; the lacteal flow is unaffected. This stage usually lasts from twelve to twenty-four hours. It may last one, two or three hours. The patient may die before purging begins (Cholera Sicca).

Reaction Stage.—When the patient survives, this stage is marked by a speedy return of the favorable signs. The pulse appears in the carotids and at the wrists, the heart sounds become more distinct and regular, the temperature rises, the skin becomes warm, the cramps cease, the stools become fecal in character. The urine next appears, although its return may be delayed. At first

it is scanty and high-colored, albuminous and contains casts. It soon becomes more copious and returns to its normal character.

Complications and Sequelæ.—Sometimes the patient, instead of getting well, passes into the cholera typhoid state, in which he is delirious, pulse rapid and feeble, tongue dry, death finally occurs with coma. There is a tendency to diphtheric inflammations of the throat and genitals, pneumonia and pleurisy may develop, abscesses may form in different parts of the body, parotitis is not uncommon, local gangrene may develop, cramps occur during convalescence; uræmia is a frequent complication; there may be a cholera eruption (Loomts).

Diagnosis.—Cholera nostras is the only disease with which cholera could be confounded. The clinical features of the two diseases are identical. The diagnosis can only be made by a bacteriologist. Attacks similar to cholera can be produced by poisoning with arsenic, corrosive sublimate and certain fungi, but a difficulty in diagnosis could not arise.

Prognosis.—The mortality ranges in different epidemics from thirty to eighty per cent.

Prophylaxis.—When a cholera epidemic is prevailing, strict quarantine regulations should be rigidly enforced, all stagnant ponds in the vicinity should be drained, dietary errors should be avoided. Diarrhœa during an epidemic of cholera should be attended to immediately; cholera stools, the linen, and all utensils used in the sick room should be thoroughly disinfected with carbolic acid. The patient should be isolated; the public should be warned not to drink water unless previously boiled; all persons who are able should move from the infected districts. Attempts have been made to procure a protecting virus. The Haffkine inoculation virus has been tried in the present epidemic, but it has not been tested sufficiently to show whether it will be of any value or not.

Medicinal Treatment.—During the initial stage opium is the most efficient remedy. It should be given hypodermically as morphine, or it may be given combined with nitrate of silver, sulphuric acid, or small doses of calomel. Turpentine stupes over the stomach and bowels are often beneficial. The vomiting is best controlled by carbonic acid water, cracked ice, or effervescing drinks. In severe cases, creosote, hydrocyanic acid, and menthol.

Salol is warmly recommended by some. It is supposed to prevent the development of the bacilli. External applications of heat and hot baths sometimes prove beneficial. Warm applications to the abdomen and hypodermic injection of ether may be tried. Copious enema is very beneficial in some instances. In the collapse stage stimulants are indicated, such as iced brandy, champagne, musk ammonia and nitrate of amyl. When death is impending whisky may be injected subcutaneously and intra venous injection of milk.

In the reaction stage particular attention should be paid to diet. A solid diet should be avoided as long as possible. Milk, meat juice and light broths should be the only nourishment for some time. When the stomach is weak and there is a tendency to vomit, bismuth may be given with advantage.

Treatment in the Present Epidemic.—The treatment which seems to have given the best results is the intra-venous injection of a saline solution, strength $1\frac{1}{4}$ drachms common salt to 34 fluid ounces of distilled water. Add a small amount of sodii sulph. The transfusion is best made with a Collins transfuser; from two to two and a half quarts are injected in an hour. If the pulse becomes weak the injection may be repeated in ten or twelve hours. Subcutaneous injection of saline solution has also been largely used. To be of service it should be used as early as possible, as soon as the radial pulse is abnormal. Place for injection, infra-clavicular fossæ on each side alternately, injection to be stopped if absorption is slow. Keppler injects at first on both sides $15\frac{1}{2}$ fluid drachms as soon as it is absorbed, about one minute, $13\frac{1}{2}$ drachms more until the pulse is perceptible. If a swelling begins to form, stop until it is absorbed; if the pulse is full, repeat at half hour intervals; if it is weak repeat often. Stop the injection when the secretion of the urine begins. Strength of solution, one drachm common salt to one quart of distilled water. Temperature 103° or 104° Fahr.

Another treatment consists in an enema of about two quarts of a one per cent. solution of tannin :

Inf. Flor. Chamom.	parts	2000.
Acidi Tan.	-	" 10-20.
Gum Arab,	.	" 30.
Tinct. Opii. Amon,	"	2.

Salol has been used in the present epidemic with very good re-

sults. It has been used chiefly as an antiseptic. Chloroform has some advocates on account of its antiseptic properties.

Irrigation of the intestines with soap and water, as followed by Dr. Lee, of Chicago, seems to be a rational plan of treatment.

Recent dispatches from Hamburg state that the most remarkable results have been obtained by the use of a solution of the crystals of periodate (a preparation of iodine) injected under the patient's skin. It is claimed that in the first stages of the disease 95 per cent. can be saved, and 70 per cent. in malignant cases.

Salophen.

CAN WE ADMINISTER THE REMEDY.

At this season of the year we get our most refractory cases of rheumatism, and the old questions arise: Can we increase the doses of our remedy? Will the gastric, nephritic or cardiac functions of our patient permit a further use of the medicaments in which danger, discomfort, or perhaps failure are involved? In reviewing the combination of salicylic acid with various bases, and especially with the phenols, the physician feels that he has here several weapons of requisite power, provided the patient can withstand their use. The personal equation is the cause of trouble, and it cannot be ignored. These causes seem to have induced many able practitioners to promptly test a new remedy—paramidosalol—which, under the name of Salophen, makes exceptionally high claims as a safe and effective medicament in acute rheumatism. In the New York Medical Journal, July 30, 1892, Dr. Wm. H. Flint presents a series of cases in which he has tested Salophen for the condition cited. His conclusions are clearly and decidedly given, as follows:

"No relapses occurred and no complicating endocarditis, pericarditis, or pleuritis appeared. From these facts the writer concludes that we possess in Salophen a remedy equally potent as the other salicylates to control the symptoms of acute rheumatic arthritis, but devoid of their tendency to weaken the heart's action, to disturb the stomach, and to produce albuminuria and smoky urine."

Salophen was administered in doses of fifteen grains every three hours, or thrice daily, with ten grain doses of bicarbonate of soda given at the same time. Dr. Flint's conclusions are amply

confirmed by those of Frolich [Vienna], who states [Wein. Med. Woch., No. 55-6-7-8, 1892] that "Salophen has shown itself a prompt and rapidly acting remedy against acute rheumatism," and that "It may be administered, even in large doses, for a long time, without the disagreeable after-effects of other salicylic or phenolic preparations." Gutman, Siebel, Goldman and others testify also to constantly successful results from the exhibition of Salophen in arthritic conditions, and it is not improbable that the employment of this new derivative will not, in private practice, be attended with the professional anxiety inseparable from the treatment of rheumatism with more or less toxic compounds.

Sulphonal.

NEW USES FOR SULFONAL.

Apart from its uses in simple insomnia and some of the neuroses, Sulfonal appears to have been of value in controlling such symptoms as reflex spasm and the uneasiness following traumatic injury. We note (Medical Record, July 2, 1892), that Dr. Edmund Andrews, of Chicago, speaks of Sulfonal as a certain remedy in the treatment of muscular cramps of the legs appearing during the night, and especially those accompany those of the long bones. In a case of recently fractured femur, 15 grain doses gave immediate relief. In the after-treatment of laparotomy, Dr. A. F. Jonas, (Omaha Clinic, August, 1892,) says that the symptoms of sleeplessness occurring in these cases should always be relieved lest insomnia seriously complicate recovery. He usually gave Sulfonal in such conditions. Dr. Althous (Am. Jour. Med. Sci.) recommends Sulfonal for the insomnia liable to occur in the treatment of post-grippal psychoses. Dr. Alexander J. C. Skene has employed Sulfonal in the after-treatment of laparotomy. He writes as follows in Med. Mag., March, 1892 :

"Sulfonal does remarkably well as a sleep-producer, and is much preferable to bromide, chloral, or any combination of such remedies. It produces the desired result in the great majority of cases that are not kept from sleep by severe pain. This remedy is worthy of note as rather new, and is certainly one that will cause sleep with no other perceptible effect, good or bad."

Charlotte Medical Journal.

E. C. REGISTER, M. D.,

J. C. MONTGOMERY, M. D.,

Editors and Publishers,

No. 36 SOUTH TRYON STREET,

CHARLOTTE, N. C.

✦ SUBSCRIPTION, \$2.50 PER YEAR. ✦

Articles intended for the Original Department of the Charlotte Medical Journal will be accepted only with the understanding that they are contributed to it exclusively.

MEDICAL students who are preparing for their examinations are often benefitted by getting ideas from reading the questions asked by the different Colleges and Medical Examining Boards. Thinking we might help some of our student readers we quote the questions recently adopted by the Virginia Medical Board. 'Tis a very comprehensive yet fair examination.

THROUGH the kindness of Dr. Munroe, we are able to furnish our readers with a prize essay on Asiatic Cholera, written by Dr. H. C. Menzies, of Hickory, N. C., student of the Medical Department of Davidson College. This department is under the management of Dr. J. P. Munroe, whose ability as a teacher of medicine is well known throughout this part of the country. This school has turned out, especially in the last few years, a number of young men that are now leading members of the profession.

WE call the attention of our readers to the advertisement of the Philadelphia Dosimetric Company, which appears in this issue. Dosimetric medication is becoming very popular among a great many of our leading physicians. Reliable houses that make the manufacture of granules a specialty are more likely to furnish us with a granule that is accurately divided, more uniform in quality, than the ordinary pharmacist, who has not, as a rule, the experience or equal facilities. Nothing is added to the physiological action of medicine put up in this granule form. They are specially commendable on account of their uniformity in strength, easily administered and quickly assimilated. Since the introduction of morphia granules we feel much more at ease when we have to give a full dose of this dangerous drug to an aged or feeble patient.

THE Memphis Medical Journal gives a handsome portrait of Dr. A. Webb, of Collierville, Tenn., who was at the last annual meeting of the Tri-State Medical Association of Mississippi, Arkansas and Tennessee, elected its President. We note with pleasure that he was originally from Wake county, N. C., and when such honors fall to the merit of men from our State we are proud of them.

IT is an established fact that physicians head the list in suicides. The Tribune gives two reasons: So many physicians become addicted to the morphine habit, and it seems that they should be the last to fall a victim by its hand, knowing from practical experience and teachings how rapidly the drug gets control of the will power; and the second reason given is that now-a-days competition has become so great that many are driven to commit suicide in sheer desperation.

ARSENITE OF COPPER.

I HAVE noticed with a great deal of interest discussions at various times and in different journals about the therapeutic value of Arsenite of Copper, in doses of one five hundredth to one five thousandth of a grain in functional and catarrhal conditions of the alimentary canal. Some three or four years ago when this remedy was presented to the profession in tablet form and its claim set forth by its manufacturers, I was the first of my associates that prescribed it to any extent. While my experience with this drug has not been entirely satisfactory, I am not among those that condemn it entirely. In all disorders or diseases of the alimentary canal that nausea, diarrhœa, flatulency or tympanitis are prominent symptoms, no drug, in my opinion, acts better than Arsenite of Copper in doses of one five hundredth of a grain every three hours. I have very little faith in doses smaller than this. Of course these beneficial effects in this class of diseases are dependent entirely on the germicidal power of the drug and little if any as an astringent. The fact is becoming strongly fixed in the minds of scientific men that the most important causes of diarrhœa are fermentation, germ cultivation and the absorption of these germs. In the treatment of this class of diseases we have to select medicines that will, as far as it is possible, disinfect the alimentary canal. I have used Arsenite

of Copper, one hundredth of a grain to four ounces of water as an injection in the second stage of Gonorrhœa, and have attained the same beneficial effects that I have from the use of other disinfectant solutions that are usually recommended for this complaint.

THE WINYAH.

THIS is the name of the new Sanitarium which stands where the Hotel Belmont once stood. Dr. vonRuck, while he sustained heavy losses in the burning of the Belmont, has not ceased his untiring efforts and diligent work as is shown by the recent and immediate building of the Winyah. While the Belmont, under Dr. vonRuck's supervision, sustained a reputation of which he could be justly proud, we speak for the Winyah the same popularity. It has been fitted up in the most modern style, making it the best health resort in this country. It is not only the invalids home, but a place for those seeking rest from the busy haunts of every day life. The heavy financial loss sustained by Dr. vonRuck can only be compensated by a hearty support of the physicians. We wish him success in his new institution.

DIPLOMAS VS. MEDICAL EXAMINING BOARDS.

WE still see articles from different men in medical journals urging the States which have Medical Examining Boards to repeal the law and go back a decade to the old custom, where Medical College Diplomas were sufficient testimony as to ones ability to practice medicine. Perhaps those who are kicking must have gotten left or failed to register. I remember when I had to stand before the North Carolina Board of *Examiners*, I, too, thought then that the law was a humbug, a farce, that my diploma was sufficient for me, but I had to stand just the same, and now I think the law has been a great blessing to the profession. Nothing has grown to command more respect and regard in the past ten years than the medical profession. 'Tis true the old physician with his two or three bottles containing calomel, rheubarb, magnesia and a bleeding knife, were loved, and are loved yet, those among us, for their genial companionship, their funny stories, for the childrens sake and what ability they really possessed. But the time has come and gone when you can read the book on Practice of Medi-

cine one month and practice the next. In this progressive age four anxious years must be spent at the business. We would simply ask the question: What is it that has wrought such a change? Why is it that a student of '92 has advantages that were unknown to the student of '72? 'Tis true every thing is growing and the medical part must grow too. But one reason we will give: Bad company carries a bad name. So long as quacks and their companions were associates of the regular physicians, neither commanded respect, neither were shown any. But when that law was passed in North Carolina, saying that no matter from what College a student may have graduated; no matter how good looking; what parental or influential capacity they may enjoy, you must come before such men as are judged competent for the honorable position for a medical examiner, and show to them your ability, that you are entitled to enter the profession. This has been the protection and upbuilding of the medical profession in North Carolina. We are proud of our medical laws, our medical examiners, and as long as such men as Young, Pain, Picott, and others equally as eminent, are asked to sit on the Examining Board just so long will quackery exist to be unknown. And yet are there those who would have the present affairs changed?

STILL PROTESTING THE PHYSICIAN'S RIGHTS.

AT a recent litigation in San Francisco Judge Levy refuses to pay Dr. C. N. Ellinwood, who is a man of extensive professional experience, the fee demanded by him for his professional services as attending physician to Hobart family. The following is the Judge's decision, which we quote from New York Medical Journal:

"The executors of the estate may, in their wisdom and judgment, come to the conclusion that the claim is a reasonable one and ought to be paid, and they are responsible for their own actions, but the court acts upon its judgment and what it believes under the facts and circumstances as they are presented as to whether a claim is a just and proper one, and in no instance will the judge of this court approve a claim that it believes to be unjust, although it may be approved by the executors, and all parties interested may ask the approval of the court. It must be borne in mind that two of the parties who have requested the payment of this large sum of

money are minors, and the court is here to protect their interests. They have no rights or authority to act in the matter excepting through the court. If the heirs to the estate are satisfied as to the justness and correctness of this claim, they are all nearly of the age of majority, and within a year and a half the whole estate will be disbursed to them share and share alike, and after the decree has been signed they are at liberty to do as they please with the funds they inherit. The question then presented is: Is this a just and reasonable claim against that estate? There is no comment to be made in reference to the ability and experience of the distinguished physician and surgeon who is the claimant in this matter. In the bill it will be seen that the services rendered to Mrs. Hobart were for four months, and those to Walter S. Hobart were for eight months, the entire services thus embracing only twelve months as attending physician of the Hobart family. Although inexperienced in the charges of medical gentlemen for professional services, I am at a loss to recall a case where such an amount has been charged. I am of the opinion that the services rendered for one year's time were not of the value of \$30,000, but a fair, reasonable and just compensation would be \$10,000, for which amount this claim is allowed."

It seems to us that the argument that the heirs are nearly all of age, and can—in a year and a half—pay the remaining twenty thousand dollars of the physician's claim is pitifully weak. It is only surpassed by the judge's confession of ignorance of the charges made by medical men and of knowledge of a case where such an amount has been charged.

A few months past we referred to a legal decision in a suit to recover for services rendered, in which the amount allowed was equal to an annual compensation of \$50,000. This sum, it has been stated, was paid annually to a physician in this city for daily attendance on a certain wealthy lady. And we know of several specialists who have been paid from twelve to twenty-four thousand dollars a year for such services as Dr. Ellinwood rendered. Of course such cases are by no means common; still they exist.

These fees, high as they seem to be, are not comparable to those received by prominent lawyers for caring for an individual's property. Why, therefore, should the expert physician, who cares for his life be paid less? Is it possible that courts judge a man's

property of more value than his life? If we could feel assured that Judge Levy's decision would have been similarly expressed for a claim for legal services rendered the deceased, we might feel more indulgent toward this absurd and unjust decision. But, as we know that less than a thousand dollars a month is an inadequate remuneration for a physician of such standing as Dr. Ellinwood, who takes the chances of losing his practice to travel with a patient, we hope that the course of legal procedure in California will permit Dr. Ellinwood to appeal from the decision of Judge Levy's court.

EDITORIAL BRIEFS.

Napoleon's pulse beat under forty to the minute. That was the only slow thing about him.

The New York Post Graduate School is erecting a building that will cost the sum of \$200,000.

Two thousand eight hundred and sixty-six deaths are reported as occurring every week in London.

Dr. Robt. L. Gibbon, of this city, was married on October 26th to Miss Louise Wilson, of Morganton, N. C.

Prof. Jno. Martin, says the Medical Review, has been elected Dean of the Faculty of the University of Pennsylvania.

Don't blow your nose violently. Many cases of deafness is produced by such imprudence. It makes a very ugly noise too.

Dr. L. M. Archey, one of Concord's prosperous physicians, called at JOURNAL'S office a few days ago. We are always glad to see our Concord friends.

A medical man in New Orleans advises that we quarentine the world, keep our bowels open, and trust in God. We think the advice is good, the last two especially, cholera or no cholera.

The American Lancet asks the question: Is there a better standard by which to judge medical men than education, morality and merit. Should not those who attain this standard be united in one fold?

A Philadelphia newspaper says: It is estimated that ninety mil-

lion dollars worth of fraudulent food products are annually dispensed of in the United States, either mixed with good articles or sold for them.

A prize of \$4,000 is announced by the Royal Academy of Medicine for the greatest discovery in Anatomy, Physiology, Pathology and Pharmacology. The time from '92-'96. Each essay must be written in French, Italian or Latin.

Having recently read of a man committing suicide after having read a criticism on one of his books, suggests the idea that people should either be very careful in their criticisms or the disposal of such men might be a benefit to the country.

The Kaufman Co., of Chicago, Ill., have undertaken the task of publishing a book containing the portraits and biographies of the most eminent members of the American Medical Profession. Such a book properly constructed will receive a cordial welcome.

So many physicians have for the time being abandoned the noblest and grandest organization—that of the medical profession—and gone into politics. It is either Doctor so and so for Governor, or Doctor so and so for Senate, and here they go. Times must surely be hard.

Superstition is still among us. A physician attending a woman in confinement had some trouble in delivering the afterbirth. A quaint old woman standing by said, Mary Jane, get up and sit on the chamber and blow through your fist three times and it will come. Where ignorance is bliss 'tis folly to be wise.

Two things we hope Congress will do at its next session, establish a national quarantine and prohibit the detestible and deplorable emigrants from coming over here, making this the dumping ground for the slums and refuse of Europe. The cholera scare is over 'tis true, but it may return next Spring in a most dreadful form. A national quarantine we need badly.

Two of North Carolinas most eminent physicians died recently. See notices elsewhere. It was said of Dr. Satchwell by an eminent physician of New York, had he located in the Metropolis when young, he would have been another J. Marion Sims. He, by special request, lectured in one of the colleges of New York City. Dr.

Ramsey, though he led a very quiet and private life was one of the leading physicians of the State.

The U. S. Pharmacopoeia "1890," which will be published during 1893, adopts in great measure the *Metric System* of Weights and Measures. This will doubtless create much confusion in the minds of physicians and druggists, and lead to many misunderstandings and errors. In order to provide a guide to the proper dosage, etc., Dr. Geo. M. Gould, author of "The New Medical Dictionary," has prepared a very complete table of the official and unofficial drugs, with doses in both the *Metric* and *English* systems. This table is to be published in P. Blakiston, Son & Co.'s, Physicians' Visiting List, for 1893, together with a short description of the Metric System.

Books Reviewed.

A MANUAL OF MEDICAL JURISPRUDENCE AND TOXICOLOGY. By HENRY C. CHAPMAN, M. D., Professor of Institute of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia; Member of the College of Physicians of Philadelphia; of the Academy of Natural Sciences of Philadelphia; of the Philosophical Society, and of the Zoological Society of Philadelphia. W. B. Sanders, 913 Walnut Street, Philadelphia.

There are certain times in the career of a physician's life to be well posted in medical jurisprudence and toxicology will be of most valuable service to him. To show your ability, your complete self-control, that you are master of the situation, before the public in important cases in court, creates a very high regard and esteem for you as a physician. This book is a compilation of the lectures at Jefferson Medical College. While there are other books more complete, larger and more exhaustive, yet this one for ordinary purposes to the physician, will answer every purpose. This is one of the many good and valuable books sent out by W. B. Saunders. It is well printed on good paper and contains many illustrations which make the book more complete. We commend the work to our readers.

LEONARD'S PHYSICIAN'S POCKET DAY-BOOK. Bound in Red Morocco, with Flap, Pocket. Pencil Loop and Red Edges. Price, postpaid, \$1. Published by The Illustrated Medical Journal Co., Detroit, Mich.

This popular day-book is now in its fifteenth year of publication. The front part of it is occupied with dose tables, and other useful

pocket memoranda. It is good for thirteen months, from the first of any month that it may be begun, and accommodates daily charges for fifty patients, besides having cash department, and complete obstetric records. There are also columns for the diagnosis of disease, or for brief record of the treatment adopted, following each name space. Name of patient needs to be written but three times in a month. The book is $7\frac{1}{2}$ inches in length, and is $3\frac{1}{2}$ inches wide, so that it will carry bill-heads or currency bills without folding. It is bound in flexible covers and weighs but five ounces, so that it is easily carried in the pocket.

OVER 1,000 PRESCRIPTIONS AND FAVORITE FORMULÆ FROM AUTHORS, PROFESSORS AND PRACTICING PHYSICIANS. Cloth, 12 mo., postpaid, \$1. The Illustrated Medical Journal Co., Detroit, Mich.

The various formulæ contained in this volume are practical prescriptions of new and old remedies, for the various types of diseases that affect mankind. They are the favorite ones, of the various authorities, for the diseases indicated. The Index is full and complete, thus rendering the whole book easy of access. The volume is copiously interleaved, so that on the blank pages can be recorded, by pasting or copying with pen or pencil, any other prescription suitable for any disease that is on the opposite page of the book; the complete index thus indexes each new formulæ you may see fit to copy into the pages of the volume. The whole is comprised in a handy, cloth-bound volume of nearly 300 pages, and will be mailed to any address upon receipt of its price by the above publishers.

DISEASES OF THE LUNGS, HEART AND KIDNEYS. By N. S. DAVIS, JR., A. M., M. D., Prof. of Principles and Practice of Medicine, Chicago Medical College; Physician to Mercy Hospital; Member of the American Medical Association Illinois State Medical Society, Chicago Medical Society, Chicago Academy of Sciences, Illinois State Microscopical Society; Fellow of the American Academy of Medicine; Author of "Consumption, How to Prevent it and How to Live with it," etc. No. 14 in the Physicians' and Student's Ready Reference Series. In one neat 12 mo. volume of 359 pages, Extra Cloth, \$1.25 net. Philadelphia: The F. A. Davis Co., 1231 Filbert Street.

The volume comprises the compilation of the lectures of Dr. Davis in the College of Chicago. The subjects treated in this book are clearly, concisely and fully described. The subject of treatment has been most specially considered, which adds greatly to the usefulness of the book. In the larger works so much time is lost in seaching out the treatment, and very frequently most of the

volume is taken up with Etiology and Diagnosis. The present volume is a good condensation of the subject of a man who has had practical experience of the requirements of a work of this character. We have read the book with much interest and can say that it is written in a manner which invites the second reading of its pages.

OBITUARIES.

THE DEATH OF DR. S. S. SATCHWELL.

In the death of a physician of long experience, wide information and real talents, a State is a loser. North Carolina suffers in the closing of the earthly life of the distinguished practitioner of Pender, who was so well known to this section, and whose familiar form was seen upon the streets of this city through so many decades. A life of usefulness, of zeal for his beneficent profession, of profound interest in the advancement of medicine, of unwearying activity with a prolific pen, of much success and fame in his chosen calling, has closed up the earthly arena, and the liberated spirit has returned to the God who gave it. It is fitting that a life so long, so devoted to ministrations of mercy at the bedside, so active for good, and so successful withal, should not close without due recognition. That Dr. Satchwell was a physician of fine abilities will not be gainsaid. His reputation was such that a few years ago he lectured before one of the Medical Colleges in either Philadelphia or New York by invitation. He wrote a great deal upon hygiene and other matters for the press, and had a fertile pen always ready for what was circulated to uplift and benefit humanity.—*Wilmington Messenger*.

DEATH OF DR. W. C. RAMSEY.

"Know ye not that a prince and a great man has fallen this day in Israel." The subject of this notice was a native of North Carolina, and in the 72d year of his age. He was educated at Jefferson College, Philadelphia, Pa. He entered upon his professional duties in the year 1855. From that day to this his life has been one continual day of activity and usefulness. He whose memory we honor was a great man. And our thoughts gather around the man, rather than what he did; it is the life, the personality, the

real worth, that we would portray. We appreciate and admire what he did, and know that he will be lost in every sphere of life in which he walked because of the service rendered; yet, back of all he said or did there could be seen and felt, notwithstanding his natural reserve, a commanding majesty that revealed the man and helped to make him what he was. He would have been the same independent, determined, successful man in any profession. Had he turned his attention to business no doubt he would have won the same distinction in that field that he attained in the one to which he devoted his life. There was no such idea in his mind as failure, for the most marked characteristics of the man were his firmness; decision of character and perseverance. His granite-like nature never yielded. He could bear a mountain weight, but could never be crushed. He did not aspire to leadership, was satisfied to think his own thoughts, hold his own convictions and to rest in calm confidence in his conclusions. He was not blown about by every wind and was slow in coming to conclusions, but when his mind was made up there was but one way to change him—convince him that he was wrong.

It has been my privilege to know that he associated with a great many men, and in this number can be found a great many good men. But as I run over the list and mark off the vain, conceited and tricky men—the men who are governed more by policy than reason, the men who make everything subservient to personal gain, and men who will say one thing and mean another, the one whose kindness and friendship is an investment upon which he expects after many days to draw heavily; and then consider the honesty, the decision of character, the calm judgment, the true friendship and consistent life of our departed brother, I can say without hesitation or mental reservation that he was one of the greatest men I ever knew and one whose character and real worth has won for him a place in the hearts of all who knew him that shall never be usurped, for these sterling virtues have generated feelings over which the grave has no power. He was regarded by all, even his enemies, as a devout man rather than devotional, for he never talked about his experiences, but showed his piety in his life. He had no patience with religious cant, no faith in that evangelism that ignored the guilt of sin and the atonement of Christ. He believed in the Church, her ordinances, her divine

mission; was no friend to societies, pledges, schemes and all manner of devices calculated to produce exotic religion, but his faith was in the church and his church was the Presbyterian.

And that church as well as the community feels its loss and is only reconciled by the fact that our loss is a gain to the church triumphant. And while it is our duty to close up the ranks and press on toward the end, may we ever be guided by his dying message and counsel, "Prepare to meet thy God."

May God, who has promised to be a husband to the widow and a father to the fatherless, richly bless and comfort the afflicted ones, and may they find in Him their refuge and strength, a very present help in this their time of trouble.--*H. M. D. in Monroe Enquirer.*

Europheu.

Among the new surgical dressings Europheu seems to have quietly taken an elevated position as a positive and complete substitute for iodoform. It seems probable from recent investigations that we must rely upon some form or combination of iodine in order to secure a perfect, local antiseptic. The reports tend to coincide as to two or three very considerable advantages possessed by Europheu. The chief of these lies in the fact that the iodine component of Europheu is given off slowly, thus presenting fresh or nascent, iodine to the tissues, and maintaining the healing processes. A further advantage in this slow development of iodine is that it prevents the possibility of irritant or toxic action. This is why large, denuded surfaces, like burns or scalds, may be fully covered with it, and not give rise to any untoward effect. Europheu, in fact, appears to be especially adapted to extensive lesions, since its covering power is five times greater than that of iodoform, while its odor, though faint, is sufficiently well characterized to neutralize the peculiarly disagreeable fragrance attached to all surgical dressings. We note that recent clinical articles in approval of Europheu in the dermatoses, traumatism and ulcerations, as also in specific lesions, have been written by Drs. Allen, Chappell, Shoemaker, Giles, Fernandez, Gilbert, Eichler and many others, who have extended the uses of Europheu to ophthalmology, gynecology and rhinology as well as the needs of minor and general surgery.

Selections.

Will the General Practitioner Cease to Exist, and His Place be Taken by Specialists ?

In language written and spoken, we are forcibly informed that this is an age of progress; that old things must give way to new; and that the relentless scythe of Time will hew down everything unsuited to this advanced and advancing age.

Among the many early doomed to extinction, according to some writers and teachers, is a class endeared to all through the memory of bygone days—the general practitioner, the family physician. We are told that he must go and his place be filled by the specialist.

Some kindly describe him to us. He is always short, very stout, a little past middle-life, and wears spectacles. His resources to battle with disease, generally speaking, consist of bleeding, blisters, quinine, and calomel, with an occasional dose of salts. The humorous journals assist in diffusing a knowledge of him.

If this description is a correct one as at present he exists, then, indeed, he must go, for he is no longer suited to his environment; but, as a matter of fact, the good-natured old doctor here described has long since almost disappeared. Like the partridge of Pennsylvania he exists only in small numbers, in the mountain districts; but his improved type—the practitioner of to-day—holds his place by merit, in this and in every other civilized land, and is here to stay.

Year by year the study of medicine covers a wider field, until now no mind is broad enough, or working life long enough, to enable one to become an expert in all its branches. But, as an army needs a general to guide and direct it; to be thoroughly conversant with the art of war in all its details; capable of knowing and selecting a good engineer, artillery officer, commissary general, or corps commander, and assigning the right man to the right place—so in our battle with the enemy, disease, we need a commander to guide and direct; a man with a broad knowledge of general medicine, and thoroughly posted, by bedside experience, in all its branches. There are plenty of such men, and the wise patient will seek the advice of such first, and if a specialist is needed, will depend upon the family physician to make the selection.

If my judgment, gained by a somewhat large experience, is correct, the majority of cases, as they come to us, can be best treated by the general practitioner; the minority alone can with advantage be assigned to the specialist.

Most diseases have complications. The patient depressed by a uterine catarrh may, as a result of indiscreet exposure, develop a solidified lung. A pelvic inflammation, as in a case I recently saw, may be but a complication of typhoid fever. Here, a single visit from the specialist is all that is probably necessary. The case will be best managed by the general practitioner.

The advertising quack will not agree with me. His advice is: "Shun the family doctor; come to a specialist—me." How many poor invalids would have saved time, money, and health by having come to the physician first, to have been guided by his counsel. The general public, even when educated, is alone utterly unable to make a proper selection; and, as a matter of fact, the office of the quack is filled with lawyers, clergymen, and men who know everything except medicine.

Our first-class medical colleges graduate yearly hundreds of young men and send them forth thoroughly prepared in all departments of medicine and lacking only experience to enable them to become first-class general practitioners; but, alas, the educated man too often shrinks from physical toil, and the young physician is not attracted to general practice, with its long hours of labor and sacrifice of social pleasures.

The brilliant results recently accomplished in some departments of medicine, notably in gynecology, with the large fees and shorter hours of work naturally attract the young graduate. So great is the tendency that what would ordinarily be for the good and the development of the profession has degenerated into an evil; the specialties more than general practice are becoming overstocked.

No man should embark in a specialty until he has practiced medicine for five or six years. He should learn by experience not what branch he likes, but that which he is best adapted to.

I recently heard a teacher say to a mother: "Your son is bright, studies easily, and is industrious, but cannot use his hands." Such a boy might in after years be successful in the treatment of nervous diseases, but what a failure he would make as a surgeon.

In regard to the gynecologists, I have always thought that their

ranks should be filled, not by general practitioners, but by young surgeons—young men thoroughly grounded in the theory and practice of general surgery.

A man of moderate ability, industrious and conscientious, may lead a useful life as a general practitioner, and will be fairly remunerated for his services; but a specialist with only moderate ability in his branch will be a gloomy failure.—*John Graham, M. D., in Medical News.*

The Best Measures for Preventing the Development of an Epidemic of Cholera.

BY N. S. DAVIS, M. D., LL. D.

Measures for preventing the prevalence of epidemic or Asiatic cholera, to be effectual must be aimed at the accomplishment of three objects, viz: First. The exclusion of the supposed essential cause. Second. The maintenance of as perfect a sanitary condition of the locality as possible. Third. The maintenance of a sanitary condition of the individual members of the community.

Assuming that the essential cause of cholera is an infectious germ or toxine, it is logical to claim that if this germ or toxine could be effectually prevented from entering a city, State or county, such locality would be exempt from the disease. Consequently from the remotest times to the present the utmost efforts have been made to prevent the carrying of the infectious agent from one place to another, by non-intercourse; by quarantines; by sanitary cordons, and by inspection, isolation and disinfection. The last named method is the only one consistent with the principles of humanity and the known laws governing the propagation of infections.

For its efficient execution, suitable places must be provided on the lines of communication both by land and water, where all persons and material things can be stopped and thoroughly inspected. If any persons are sick with infectious disease, they together with all, both of persons and things in contact with them, must be removed directly to the lazaretto or hospital, where all the persons can be well cared for and all materials thoroughly cleansed and disinfected until safe for removal; while all who are in good sanitary condition and have not been in contact with the infection should be sent on their way at once.

To surround an infected city, town or State by a sanitary cordon, confining the whole population to the infected district, or to send an infected ship into quarantine with hundreds of infected steerage passengers below the decks and hundreds of cabin passengers in good health and sanitary condition above the same decks, and keep them there for weeks, are measures of intense cruelty, wholly unnecessary for the safety of any one. There is certainly enough vacant land in the vicinity of every seaport and every inland highway of commerce, on which the infected and the uninfected can be received and each provided for separately, and each detained just as long, and no longer, than their respective sanitary conditions should demand. And both sound economy and humanity demand that such places should be secured and permanently held by the proper public authorities, with such materials in readiness that they can be quickly used whenever an invasion of infectious or contagious disease is threatened. But for this and every other populous city or town, efficient measures for maintaining a strictly sanitary condition of the whole locality at all times are of much greater importance than any that can be adopted for simply excluding the ingress of the special cholera infection.

By a strictly sanitary condition of any locality I mean one possessing a clean and well-drained soil, clean streets, alleys and houses, pure air, and abundance of good water. In such a locality, infectious germs or toxins that originate and multiply outside of the living body, as those of cholera and yellow fever, cannot multiply or develop an epidemic. Consequently it is of the very highest importance that the municipal authorities maintain absolute cleanliness of streets, alleys and vacant lots, efficient drainage as possible, and an abundance of lake water; and that every individual should maintain still greater cleanliness of his own premises and household.

The permanent maintenance of such sanitary condition not only renders the prevalence of strictly infectious diseases in epidemic form impossible, but it lessens the ratio of sickness and mortality from all epidemic diseases from year to year.

I said at the commencement of this brief paper that a third important means for counteracting the prevalence of cholera consisted in maintaining a proper sanitary condition of the individual members of the community.

Individual cleanliness and correct habits of life are hardly less important or less efficacious in preventing the development of infectious diseases, than are cleanliness of the soil, water and air of any given locality. Good, personal hygiene means cleanliness of person, appropriate clothing, habitual exercise of body and mind, the regular use of such food and drink as will preserve the most perfect balance between the natural processes of nutrition and waste, and such occupation as inspires mental confidence and cheerful expectation. I have often been asked what we should eat and drink during a cholera season to lessen the danger of an attack. My uniform answer has been to take just such kind and amount of food and drink as in all other seasons has kept you in the most active and perfect health, and take both at the regular meal times and those times only. The living human body always resists the inroads of cholera germs or other infections most perfectly when the hæmoglobin and leucocytes of the blood and the tissue cells of the various organs are in their most natural physiological condition. Consequently all excesses and irregularities in eating or drinking are injurious, as are also excessive or exhaustive mental and physical work. And still more injurious is the use of any unnatural drinks, which like those containing alcohol, directly interfere with the function of the hæmoglobin of the blood and diminish the activity of both leucocytes and tissue cells, and thereby greatly impair the resisting power of the whole system. Abundant experience has shown that an alley filled with decaying garbage does not more certainly invite cholera germs to the neighborhood than does the use of alcoholic drinks invite them to the tissues of the individuals who use such drinks.—*Chicago Med. Recorder.*

Phenacetine.

The season of acute inflammatory disorders is with us, and it is proper to ask—What are our means of defense? What progress have we made in the treatment of these conditions? What new remedies are available, and do they act more promptly and effectively than the drugs of the fathers? A review of the clinical notes of practitioners, as made during the past year, would seem to show that the chief reliance in such states as pneumonia, for instance, must be placed upon remedies that quiet pain and reduce temperature. Dr. William Bailey, in a recent article on Progress in

Practical Medicine [Ky. S. and Med. Soc'y], says of the newer antipyretics in fevers: "Of this group I have been inclined to favor Phenacetine because it gave the best results with the minimum of danger by heart depression," Dr. R. W. Wilcox [as reported in the Ec. Med. Jour., August, 1892] gave Phenacetine "in the high fever of pneumonia, and avoid opium." In the Times and Register of April 23d, 1892, Dr. Waugh, in an article on pneumonia writes: "Phenacetine is the only antipyretic to be used." Dr. Bailey [Loq. Cit.] found that Phenacetine gave as good results in typhoid fever as in pneumonia. He says: "I give Phenacetine more frequently than all of the others together for the reduction of fever, and I give it without hesitation under all circumstances." He also found it of great value in pertussis. Dr. Laughlin fully confirms Dr. Bailey's experience of the value of Phenacetine in pertussis. In acute rheumatism Dr. Stampk has found, with other observers, that Phenacetine in 15 grain doses, three times a day, "gives better results than antipyrine, antifebrine, quinine or the salicylates." In gonorrhœal rheumatism also, usually so obstinate, Rifat has most successfully employed Phenacetine. Dr. Hunter Robb advises [Maryland Med. Jour. May 14] the use of Phenacetine "as a substitute for morphine in gynecological practice," and it seems to be largely replacing the opiates in these states. Of the value of Phenacetine in la grippe in its multiform manifestations, all practitioners are fully aware. In its combination with Salophen it will probably prove exceptionally effective in cases of influenza in patients having a rheumatic diathesis, while in uncomplicated cases its power is widely known.

Medical Students and Doctors in Fiction.

It is somewhat remarkable that while Dickens' well known characters, Benjamin Allen and Bob Sawyer, still continue to reappear every recurring October, how very little account is taken of another character drawn by the same master hand—that of Allen Woodcourt, the noble, self-denying young doctor in "Bleak House." The concluding words of the story, in which the doctor's wife describes their happy life and the esteem in which her husband is held by rich and poor alike, are among Dickens' finest writings, and yet how seldom are they heard or quoted. The student career of Allen Woodcourt must presumably have been very different

from that of Benjamin Allen or Bob Sawyer, nevertheless the public cling to these two with a tenacity worthy of better subjects. Similarly, in the two characters of Mr. Samuel Huxter and Dr. Firmin the immortal Thackeray has portrayed two very undesirable specimens of members of the profession. But his Dr. Good-enough is a noble character, of which any profession may be proud. The original is said to be the late Dr. John Elliotson, to whom its author dedicates his famous work, "Pendennis," in the following terms: "Thirteen months ago, when it seemed likely that this story had come to a close, a kind friend brought you to my bedside, whence in all probability, I never should have risen but for your constant watchfulness and skill. I like to recall your great goodness and kindness at that time, when kindness and friendship were most needed and welcome, and as you would take no other fee but thanks, let me record them here in behalf of me and mine and subscribe myself—Yours most sincerely and gratefully, W. M. Thackeray."—*Review*.

A wonderful story about a wild woman who has made her appearance in Texas is going the round of the papers (*Hospital Gazette*). A young farmer, named Martin, residing near Georgetown, is said to have unexpectedly come upon her as she was making a hearty meal of grass and cactus buds. She was, it is scarcely necessary to state, entirely destitute of covering except hair, but it is of interest to know that she progressed on all fours like an animal. Martin, unperceived, watched her for some time, and then resolved to capture her. He crept up stealthily and seized her by the foot. At first she was surprised at this uncere-monious interruption of her meal; then her temper rose and she attacked the man like a fury, but without uttering a sound. Martin found that he had met with his match, for he received fearful wounds in the face and arms from the teeth and nails of the infuriated woman. At length she freed herself and escaped into the wood. She appeared to be about nineteen years of age, and had long black hair, very much matted together. The story raised the question whether there may not be a colony of human beings living in a perfectly wild state in the Texas caves. However this may be there is no question as to liars being indigenous to the soil of Texas.—*Review*.

Aristol.

Nearly all drugs, whether or not originally intended for external use, have been applied at one time or another, to local, exterior traumatism in the once current belief that "remedies that are good within should be good without." The conspicuous failure of the many attempts to obtain a perfect dressing for suppurative conditions which should be equally good for accidental or operative injuries constitutes an interesting section in the history of surgery. Even the later surgical dressings have, for the most part, proved failures in some essential quality. Some of them possessed an unspeakable odor, others were toxic, many were difficult of application, and a further series, though admirably adapted to a particular surgical requirement, failed as complete surgical dressings. The promptness, for instance, with which Aristol was adopted by practitioners, demonstrated the great, existing need of an adherent, stimulating, safe and effective cicatrisant. The evidence thus far appears to demonstrate that Aristol has not disappointed the profession in any of these particulars.

The pain of death is certainly an interesting question, and the Medical Record says the question whether death is a pleasant or painless process has been agitated in the columns of the Sun, and several very exciting accounts of the sensations of the dying have been reported. The conclusion is reached that death, on the whole, furnishes an agreeable sensation and one not to be dreaded. "A great thing this, Lucilius," says Seneca, "and worthy of long study, namely, that a man quit life with tranquil spirit when that inevitable moment comes." "To fear death," he adds, "is foolish. Death imposes a necessity that is impartial and inevitable. Who can grumble at being subject to a condition from which no one is exempt?" Thus the ancient Stoic reasons, until between him and the Sun correspondents one might be quite persuaded to look upon death as an agreeable diversion. Unhappily, the assurances of the experienced and the philosophy of the wise are of little aid when the actual exigency confronts us. Medical observation shows that as death approaches one in old age, the sensibilities become benumbed and the process, if not agreeable, is not painful. The natural death of the aged is a physiological phenomenon, and should excite no apprehension as it involves no distress. The onset

of death in the younger and healthy person is viewed with a natural apprehension which can only be modified by temperament and consolations of religion and philosophy.

The question whether the actual act of dying is painful cannot be answered categorically; for we do not know when a person dies, but only when he loses consciousness. The point discussed in the *Sun* is, therefore, really whether losing consciousness is painful. We believe that the experience of most physicians would affirm that it is. Ordinary syncope, epileptic attacks, the production of anæsthesia, the results of a cerebral concussion are usually not described as agreeable. The sensations of those drowning and asphyxiated, on the other hand, seem to be more often pleasant, at least in the later stages. Certain narcotic poisons can also produce coma agreeably. But on the whole man feels best when consciousness is clear and well preserved, and its sudden loss is attended with more pain than pleasure.

Questions Adopted by the Virginia Medical Board.

The following are the questions asked by the Virginia Medical Board of Examiners :

I.—SECTION ON CHEMISTRY.

Members :—Drs. P. B. Green, of Wytheville, Chairman ; A. C. Palmer, of Norfolk ; Benj. Harrison, of Richmond city ; T. O. Jones, of Harrisonburg.

Ques. 1. Define the terms atom, molecule, radical, compound radical, and valence.

Ques. 2. What is chlorine ? Give mode of preparation, and physical and chemical properties.

Ques. 3. Give the physical and chemical properties of glucose. State how it is obtained and how it may be distinguished from cane sugar.

Ques. 4. What are alkaloids ? Mention three of the more important, and give the physical and chemical properties of each.

Ques. 5. What are the properties of ozone ? In what respects does it differ from common oxygen ?

Ques. 6. What specific gravity of the urine would indicate the probable presence of sugar ? Give the details of a reliable test for its detection.

II.—SECTION ON ANATOMY.

Members :—Drs. Hugh M. Taylor, of Richmond, Chairman ; Wm. P. McGuire, of Winchester ; R. D. Huffard, of Chatham Hill ; Joseph T. Southall, of Jetersville.

Ques. 1. Describe the anterior cerebral fossæ.

Ques. 2. Name and describe the ligaments of the knee joint.

Ques. 3. Describe the diaphragm.

Ques. 4. Describe the coronary arteries, and name the branches of the thoracic aorta.

Ques. 5. Give general and descriptive anatomy of the male urethra.

Ques. 6. Name the nerve and vascular supply of the eye.

III.—SECTION ON (I) HYGIENE AND (II) MEDICAL JURISPRUDENCE.

Members :—Drs. O. B. Finney, of Onancock, Chairman ; Thos. W. Simmons, of Martinsville ; J. E. Chancellor, of Charlottesville ; James W. Tankard, of Burgess' Store.

I.—*Hygiene.*

Ques. 1. State the precaution necessary in securing cow's milk and its preservation as a diet for adult invalids and children.

Ques. 2. What atmospheric conditions and localities favor sun-stroke ? The class of persons generally effected, and precautions necessary to avoid it ?

Ques. 3. State period of incubation of small-pox and cholera, the time necessary to quarantine against, and the steps necessary to stamp out the diseases in a dwelling, ship, or community.

II.—*Medical Jurisprudence.*

Ques. 1. Give the important external and internal *post mortem* appearances of death by drowning, and the modes of resuscitating the apparently dead.

Ques. 2. State in detail the symptoms that would lead to the suspicion of death in poisoning by arsenic and by strychnine, and the *post mortem* appearances in each.

Ques. 3. Give the tests by which you can distinguish between a child still-born and one dying after birth.

Ques. 4. Give the three principal divisions of baths, temperature of each, and the rules governing their hygienic and therapeutic uses, and the dangers that arise from imprudent use.

IV.—SECTION ON PHYSIOLOGY.

Members:—Drs. Robert Glasgow, of Lexington, Chairman ; R. F. Young, of St. Clair's Bottom ; John W. Dillard, of Lynchburg ; Wm. S. Christian, of Urbanna.

Ques. 1. Give the physiology of the lymphatic system so as to include the following items: (1) Anatomical structure and arrangement of lymphatic vessels, from their origin in the tissues to their place of communication with certain veins ; and (2) special office of lymphatic glands.

Ques. 2. Describe the coats of the arteries, and tell how the pulse wave is transmitted along them.

Ques. 3. Describe the ciliary muscle, and tell the changes that occur in the structure of the eye in looking from a near to a distant object.

Ques. 4. What is the origin and destination of glycogen ?

Ques. 5. How does the pneumogastric nerve influence the heart beat ?

Ques. 6. What effects follow section of the facial nerve after its exit from the stylo-mastoid foramen ?

V.—SECTION ON MATERIA MEDICA AND THERAPEUTICS.

Members :—Drs. C. C. Conway, of Rapidan, Chairman ; A. Trent Clarke, of South Boston ; S. W. Budd, of Petersburg ; James Parrish, of Portsmouth ; M. A. Douglass (Homœop.), Danville ; Young (Homœop.), Lynchburg.

Ques. 1. Arsenious acid, dose, physiological action and therapeutics.

Ques. 2. Describe copaiba, where found, and what are its medicinal uses.

Ques. 3. Give dose and therapy of the following preparations of mercury : Hydrargyri chloridum corrosivum ; hydrargyri iodidum viride ; hydrargyri iodidum rubrum.

Ques. 4. Give dose and uses of cascara sagrada, eucalyptus, hydrastis canadensis.

Ques. 5. Name the most efficient antispasmodics ; give dose of each.

Ques. 6. What are "excito-motors," and what are "depresso-motors ?" Give example of each group, with dose.

Ques. 7. Name and give dose of principle diuretics.

VI.—SECTION ON OBSTETRICS AND GYNÆCOLOGY.

Members :—Drs. Herbert M. Nash, of Norfolk, Chairman; B. L. Winston, of Hanover C. H.; G. D. Meriwether, of Buena Vista; H. M. Patterson, of Staunton; George A. Tabor (Homœop.), of Richmond city.

Ques. 1. To what diseased conditions are pregnant women most liable, giving briefly the pathology of each ?

Ques. 2. Mention the methods of determining the presentations and positions of the fœtus at term.

Ques. 3. How would you proceed upon finding an arm presenting or protruding during labor ?

Ques. 4. What measures are absolutely necessary to prevent septic infection during the process of parturition ?

Ques. 5. Give the diagnosis of pelvic peritonitis, its treatment and possible sequelæ.

Ques. 6. Name and briefly describe the plastic operations most frequently necessary to repair the injuries resulting from labor.

VII.—SECTION ON PRACTICE OF MEDICINE.

Members :—Drs. Rawley W. Martin, of Chatham, Chairman; Bedford Brown, of Alexandria; R. I. Hicks, of Warrenton; T. James Taylor, of Walthall's Store; W. P. Jones (Homœop.), of Petersburg.

Ques. 1. State the probable causes and prognosis of angina pectoris.

Ques. 2. Give the symptoms and physical signs of aortic insufficiency (regurgitation), and diagnose it from mitral obstruction.

Ques. 3. Give the circulatory, respiratory and digestive symptoms of chronic anæmia.

Ques. 4. Differentiate broncho-pneumonia (lobular pneumonia) from lobar pneumonia.

Ques. 5. Explain how the malarial poison obtains access to the human system.

Ques. 6. Give the morbid anatomy of acute intestinal catarrh.

Ques. 7. Give the morbid anatomy of catarrhal jaundice.

Ques. 8. Give the treatment of enteralgia, due to flatulence.

VIII.—SECTION ON SURGERY.

Members :—Drs Wm. L. Robinson, of Danville, Chairman; Leigh Buckner, of Roanoke; Jacob Michaux, of Richmond city; Kent Black, of Blacksburg; F. Webster (Homœop.), of Norfolk.

Ques. 1. Diagnosis and treatment of penetrating wounds of the abdomen, with visceral lesions.

Ques. 2. Diagnosis (differential) of fracture of surgical neck of humerus and dislocation of head of same.

Ques. 3. Differential diagnosis in detail of chancre and chancroid.

Ques. 4. Differential diagnosis between vesical calculus and simple chronic cystitis, and treatment of each.

Ques. 5. Symptoms of arthritis and synovitis.

Ques. 6. Differential diagnosis of tetanus, hydrophobia and spinal meningitis.—*Virginia Medical Monthly*.

Credit is a good thing in its proper place, but the following advice from the Texas Commercial Traveler should be remembered by every doctor: Always bear in mind that in trusting a man you are doing him a favor, and at the same time a bill is due you have just as good a right to request him to settle as he has to request you to get the job done on time in the first place. Always set a time when a bill shall be paid. Indefinite credit is the worst of all evils. The more prompt a man can be made to pay, the better customer he becomes. If a man proves to be poor pay and unreliable, do not continue to accept his orders.

Never credit on the strength of personal acquaintance alone. A man may have the hearty grip, winning smile, and tender conscience of a Young Men's Christian Association secretary, and yet never dream that your pay-roll comes around on Saturday. He may have an eye of tender blue and wear the finest clothes, you may see the corner of a half-used check-book sticking out of his side pocket; yet he may never pay his bills. When asked for credit always investigate the man's previous standing and get your information from the people who trusted him before. Always bear in mind "The best criterion as to how a man will pay his bills is the way he has paid them."

Study this subject and you will realize before you are too old to profit by it the value of cash in hand—the ghost-like, unreal, visionary value of book accounts.

Abstracts.

Twenty-five Cases of Extirpation of the Uterus for Cancer —A Consideration of Ultimate Results.

Dr. Charles A. L. Reed, of Cincinnati, presented to the recent meeting of the American Association of Obstetricians and Gynecologists, St. Louis, a report of twenty-five cases of complete vaginal extirpation of the womb for cancer, with only two primary deaths, one from shock and one from iodoform poisoning. Of the twenty-five operated upon, but fourteen were of more than two years standing, and hence were all that could be discussed with reference to their ultimate results. These fourteen were divisible into two classes of seven each, viz.: those in which the disease had existed for more than six months before the operation, and those in which it had existed for less than six months before the operation. Of the first class, i. e., those of more than six months (an average of 10 months) previous duration, all were dead; of the second class, i. e., those of less than six months (an average of 4 months) previous duration, only one has since died. One of the recoveries is of more than five years duration. The conclusion from these figures is that cases of cancer of the uterus ought to be remanded for operation as soon as diagnosed. Dr. Reed looks upon total extirpation as the only operation to be advised or practiced in these cases, the primary mortality from which, in experienced hands, varies from five to eight per cent.

Cancer of the Uterus.

Dr. W. E. Ashton (Med. and Surg. Reporter) says he believes cancer of the uterus to be local and inflammatory in origin.

That lacerations are the cause, in almost every instance, of cancer of cervix.

That the indication for operating upon a damaged cervix is pointed out by the failure of local treatment to effect a cure.

That trachelorrhaphy and amputation are the only surgical means to repair a damaged cervix.

That amputation should be resorted to in the majority of cases where an operation is indicated.

That the stump resulting from the amputation should be covered over by a flap of mucous membrane.

Ch. Marchand's



Trade Mark.

CH. MARCHAND'S PEROXIDE OF HYDROGEN

(MEDICINAL) H_2O_2 (ABSOLUTELY HARMLESS.)

MOST POWERFUL BACTERICIDE AND PUS DESTROYER.

ENDORSED BY THE MEDICAL PROFESSION.

UNIFORM IN STRENGTH, PURITY AND STABILITY.

RETAINS GERMICIDAL POWER ANY LENGTH OF TIME.

Send for free book of 80 pages giving articles by the following contributors:

DR. E. R. SQUIBB, of Brooklyn, N. Y., DR. ROBT. T. MORRIS, of N. Y.,
DR. EGBERT H. GRANDIN, of N. Y., DR. JOHN AULDE, of Phila., Pa., DR.
F. WAUGH, of Phila., Pa., DR. GEO. B. HOPE, of N. Y., DR. E. CHAREST,
of St. Cloud, Minn., DR. G. F. ADAMS, of Pulaski, N. Y., DR. H. F. WIGGIN,
of N. Y., DR. J. A. LARRABEE, of Louisville, Ky., DR. R. M. CHASE, of Bethel,
Vt., DR. ROBT. T. WILSON, of Baltimore, Md., and many others.

NOTE.—Avoid substitutes—in shape of the commercial article bottled—unfit,
unsafe and worthless to use as a medicine.

Ch. Marchand's Peroxide of Hydrogen (Medicinal) is sold only in 4-oz.,
8-oz., and 16-oz. bottles, bearing a blue label, white letters, red and gold
border, with his signature. Never sold in bulk.

GLYCOZONE.

PREVENTS FERMENTATION OF FOOD IN THE STOMACH.

MOST POWERFUL REMEDY FOR HEALING PURPOSES. CURES:

DYSPEPSIA, GASTRITIS, ULCER OF THE STOMACH, HEART-BURN.

Glycozone is sold only in 4-oz., 8-oz., and 16-oz. bottles. Never sold in bulk.

PHYSICIANS WILLING TO PAY EXPRESS CHARGES WILL RECEIVE FREE SAMPLES ON APPLICATION.

BOTH OF THE ABOVE REMEDIES
ARE PREPARED ONLY BY

☞ Mention this publication.

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris (France).

SOLD BY
LEADING DRUGGISTS. Laboratory, 28 Prince St., New York.

A Voice from the South.



THAT a greater variety of valuable MEDICINAL PLANTS are found in the SOUTHERN STATES than in any other section of this country, is a fact known to all physicians who have taken the pains to investigate the sources of our drug supplies. In fact, the South will hold her own, in this respect, with any

other section of equal area in the world. She furnishes the principal laboratories of our own country with the bulk of their crude drugs, and even foreign manufacturers draw largely on her fields and forests for supplies of many valuable medicinal agents not found elsewhere. It is, therefore, not surprising that the discovery of a remedy that promises to revolutionize the treatment of Chronic or Constitutional Diseases (such as Syphilis, Scrofula, Rheumatism, Eczema, etc., etc.,) is announced from that quarter. The story of this discovery is charmingly told in a little book (for physicians only) entitled:

"A Voice from the South,"

which will be mailed free to any physician sending address to

*Verrihus
Clemiana*



The Clemiana Chemical Company,

ATLANTA, GA.

Shall Doctors Marry ?

Among many other good subjects brought up by Dr. Oscar McMullen, of Elizabeth City, N. C., in the annual essay read before the Medical Society of North Carolina, he speaks of marriage by physicians in any way but encouraging. He does not encourage the young and ambitious physician who has aspirations for rank in the profession to marry. He refers to the subject by saying: "The often vital mistake which most young men commit in any of the vocations open to their choice, is too great anxiety to enter upon the responsibilities of real life. As already intimated, they are unwilling to give those years to preparation which future decades, laden with ponderous demands, necessarily require. How small a pittance of time does one or two years appear when viewed in the light of the forty years of responsibility which are to follow. What is the cause of this precipitancy? What so impels the young heart along the arduous way? It is not ambition to be eminent; if so, the most feeble dictates of prudence would discover such to be a suicidal policy. It is not poverty, for to him that willeth there always opens a way. Leaving out of consideration that inborn disposition to labor, which, alas, afflicts the majority of our race, I am convinced that woman, yes, lovely and lovable woman, is the occasion of many a failure which saddens the main of professional life. Do not understand me as wishing to take one gem from the jeweled crown of pure and beauteous womanhood. I belong to that majority who believe that, of all the beneficent gifts from the creative hand of God, a woman pure and good, excels them all, and is more beautiful than "any other form of matter ever seen on land or sea, in flower or gem or living thing."

"As flowers beneath May's footsteps waken,
As stars from nights loose hair are shaken,"

so the most vivid joys which perfect the life of man spring wherever her gentle step is heard, and from her presence there is distilled the rarest benedictions upon the responsive heart. It is not, therefore, against woman as a class that I inveigh, but rather against that love for a particular individual which so strongly impels the youthful heart to the (oftentimes) disastrous entanglement of matrimonial alliance before thorough preparation has been made for life's importrut work. The exactions of a loving wife and the discordant music of a cherubic infant, however joyous they may be

in the serene days and calm of later life, are not very conducive to success in your hours of reflective study, and will unconsciously wean you away from that mental application so essential in the first years of practice to fix the attainments of your student career. —*Toledo Medical Compend.*

Early stimulation of sectional curiosity is an American vice, according to the Medical News. One who is acquainted with the modern American schoolboy need not be told that he is thoroughly well versed in the wisdom or unwisdom of sexual affairs, and that too often his knowledge is the result of experience. The "smart young man," either of city or country, has long since satisfied a morbid curiosity too soon aroused by his older play-fellows, and whether by obscene books or the semi-scientific and semi-medical caterers to such markets, or worse yet, by the scandal-mongering newspapers, he has been prepared to understand and practice the art of sexual allusion and risky flirtation.

Many mothers cannot know how near their daughters rival their sons in this illicit knowledge, because too frequently the daughters are more *instruite* than the mothers. When the mothers were young ladies, fashionable conversation between young people was not a game at *sous-entendre*, a match as to which could suggest the most wordly wisdom and say the most improper things in the most proper manner. Hidden meanings that would have made their mothers blush run like subtle tremors beneath the mask of society talk and repartee. Operatic and theatrical frivolity make sexual knowledge, of a lurid theoretical kind, a sort of necessity to the "bright young woman." She may not yet have actually partaken of the apple of the tree of knowledge, but she knows well enough "all about the old story," has learned the secrets in advance, probably has quiveringly "nibbled" at the apple and enjoyed its perfumed beauty.

One of the indirect causes that perhaps has most strongly contributed to this pernicious tendency has been the custom of allowing boys and girls to be alone in each other's company. Go where one may in our country, it is astonishing how it is taken as a matter of course that these youngsters may be safely trusted with each other, either in couples or in "parties" of all kinds. In the country "kissing parties are by no means out of date, and boys

reaching out toward puberty with discounted knowledge, are allowed to take the girls to meetings, buggy-rides, and all that. In the city the fact is the same, with the change of customs and circumstances. It is increasingly common to meet in every square numbers of these couples of boys and girls, and to overhear the scraps of conversation and the laughter that shows half-concealed pleasure at cunning insinuation. The innocent purity of the child's eye and expression early fades into the cunningly secretive answering glance that tells the observant mind of an indescribable unconscious grace replaced by a describable conscious disgrace.

All such customs serve to stimulate sexual desire and shorten childhood to a degree that subjectively is incompatible with a proper development of body and mind, and objectively with the legitimate satisfaction of marriage.—*Review*.

Cholera.

1. Cholera is not transmitted directly from the sick to the well either by contact or through the respiratory passages.

2. The products emanating from cholera patients, the dejections and vomited matters, contain a germ which is not immediately transmissible by itself, but which placed under favoring conditions, gives rise to a contagious principle.

3. Clothing and merchandise, much more than individuals, are the agents for the transportation of this principle.

From a careful study of the different authorities on this subject the general opinion seems to be :

1. That cholera is mildly contagious.

2. That the principal, if not the only, way of infection is by the alimentary canal.

3. That the germs of the disease are carried only a short distance, if at all, through the air.

4. That the great danger of infection lies in the intestinal discharges, and in the vomitus.

5. That contamination of the water supply, and of food, by these discharges is the chief source of danger.

6. That linen or woollen fabrics soiled by cholera discharges, if excluded from air and sunlight, serve to keep alive the germs of the disease for an indefinite period.

The history of the Swanton, on which cholera did not appear

until she had been at sea twenty-seven days, when clothing was unpacked by the passengers, and also the history of the ship New York, on which the disease did not manifest itself until she had been sixteen days at sea, prove the truth of the last statement. If the foregoing conclusions are correct, it necessarily follows that in order to prevent the admission of the disease to a city, and effectually to stamp it out, the following measures must be adopted :

1. The proper isolation of all cases of the disease, mild and severe.
2. The disinfection of all discharges, from the patient, by chloride of lime, or carbolic acid as recommended by the International Committee of Experts at Rome in 1885.
3. The most careful supervision of the water supply and of food.
4. The rigid observance of all laws of hygiene in their widest sense.
5. The disinfection of all persons in whom there is the slightest suspicion of infection by suitable bathing, and of their effects by super-heated steam.

Notice.

The Quiz class conducted by Dr. Joseph Collins, of New York, will organize for its winter's work on October 1st, 1892.

Students prepared for their college, hospital, and State examinations. An average of 50 per cent. of the members of this quiz class are successful in securing hospital appointments.

Preparation for the positions in the Army, Navy, and Marine services a specialty.

A general direction of a student's studies from the beginning will be assumed when desired. Students beginning the study of medicine can, for a small extra charge, sign under Dr. Collins as their preceptor, and have all responsibilities assumed. Frequently young men coming to New York to study medicine waste a good portion of their first year by not knowing what to do and how to go about it. An experienced quiz master obviates this.

The class has always been composed of Southern men and references can be made to physicians in almost every State of the South. Correspondence solicited.

Address, DR. JOSEPH COLLINS,
153 Lexington Ave., New York City.

Every Physician in the World Should Read this Advertisement.

The Rip Van Winkle Reclining Rocker!

OFFICE AND GYNÆCOLOGICAL CHAIR COMBINED.

Special Inducements given to Physicians for a Limited Time. WRITE AT ONCE.



No. 1.

This is the most complete Physician's Chair ever offered to the profession. It combines a handsome leather-covered Office Chair and a first-class Gynæcological Chair, at less than one-half the price you would have to pay for any other first-class gynæcological chair alone.

The chair is first-class in every respect and fully warranted. It has over two hundred changes of position; it is noiseless in all its movements; the back can be lowered or seat tilted at any angle desired, with full weight of patient thereon, with the utmost ease.



No. 2.

As a Gynæcological Chair it will take any position shown, or any intermediate position, besides having newly-patented improvements, which make it without doubt the best and cheapest Office and Gynæcological Chair in the World.

This chair can be converted from a splendid office chair (see cuts Nos 1 and 3) into one of the most complete Gynæcological chairs in one-half minute (see cuts Nos 2, 4 and 5).

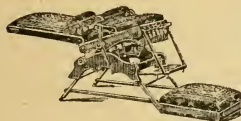


No. 3.

This chair is sold with or without the Gynæcological attachment, as desired. It is unquestionably the most complete and comfortable reclining or lounging chair ever made.

We make a special price to physicians, and also give them a handsome commission on all orders we receive through them for chairs for their patients. No chair in the world is so well adapted to ladies suffering from female weakness, and the commission we give on your orders will soon pay for your own chair.

SEND 2c. STAMP FOR SIX ELEGANT COLORED ENGRAVINGS.



No. 4.

Showing the chair in different positions and different styles of upholstering, etc.; also circulars containing splendid testimonials from nearly every State and Territory in the U. S.

REMEMBER.

This chair has nickel-plated attachments and adjustable stirrups. You cannot buy as fine a Gynæcological chair as this of any other reliable make for less than \$70 or \$100.



No. 5.

The chair can be rigidly locked in any position. Physicians should order at once, as the special inducements we are offering only hold good for a limited time.

Manufactured by P. C. LEWIS MANUFACTURING CO.,

Box 229.

CATSKILL, N. Y.

The World's Antipyretic, Analgesic and Anodyne.

EXCELLENT in all kinds of Headache. SAFE and

SURE. Relieves Sciatica,

Myalgia, Hemicrania, Typhoid

Fever, and troubles due to irregular-

ities of Menstruation. Works like a charm.

ANTIDOLOR

A GRAND SUBSTITUTE FOR MORPHIA.

AN ENTIRELY NEW

COAL TAR DERIVATIVE.

Put up for Physicians in two forms—POWERED and 5 GR. TABLETS.

Samples of each sent on application.

Trade Supplied by United States and Canada Jobbers.

ANTIDOLOR CHEMICAL COMPANY, SPINGFIELD, ILLINOIS.

PRICE, PER OUNCE, 75 CENTS.

J. P. BOURLAND.

PHYSICIAN AND DRUGGIST

Curtis, Ark., Oct 3 1892

Gentlemen.-

The samples of your Elixir of Iron
 Iron wood tonic, and white pine expectorant-
 that you sent me were received. all O.K.-
 and since as an opportunity would offer I
 have used them in my practice, where indica-
 ted and must say that I am exceedingly well
 pleased with the therapeutic effects of these three
 remedies. - I am sure that they will be of vast
 utility to the profession and find a wide
 field for their usefulness. - -

Please send me 1 gal. each of the
 three preparations - - sample of Coff-ee-em-on -
 Also the pocket day book journal and Ledger as
 mentioned in your circular -

Bill goods C. O. D. - Dr. J. P. Bourland. -

Curtis - Ark. -

Clark. Co. -

The Bimanual Signs of Early Pregnancy.

Dr. R. L. Dickinson (New York Journal of Gynecology and Obstetrics) says :

The presence or absence of pregnancy may be determined in favorable cases by bimanual examination between the second and sixth week after coitus, or between the third and eighth after the beginning of the last menstruation.

Belying or bulging of the surface of the body of the uterus is the most constant and valuable sign. It is rarely absent (4 per cent.) It may usually be found by the twenty-eighth day after coitus, although often present by the sixteenth or twenty-second day. Occurring most frequently on the anterior face (40 per cent.), it may appear on both, while in retroversion it is found posteriorly, and in certain cases laterally.

Elasticity or resiliency of the body of the uterus is more readily detected than the above, but less frequently present (80 per cent.) It is present, on an average, by the thirtieth day after coitus, but occasionally found by the sixteenth or twenty-first day. Usually it appears later than belying.

Compressibility of the lower uterine segment (Hegar's sign) is less often found than the two preceding (66 per cent.); when it appears it may be fairly well defined by the twenty-fourth day after intercourse, but is often indistinct until the thirtieth or fiftieth. It is, therefore, a later sign than the preceding.

A traverse fold on the anterior uterine wall is usually distinct in the relaxed condition. Although infrequently found, this sign is of great value.—*Southern Medical Record*.

Ergot.

In his treatise on therapeutics, H. C. Wood, Jr., M. D., a standard authority, says : If ergot be given in very small doses during labor, the natural pains are simply intensified ; but if the dose be large enough to have a decided effect, their character is altered ; they become not only more severe, but much more prolonged than normal, and finally the intervals of relaxation appear to be completely abolished, and the intermittent expulsive efforts are changed into one violent, continuous strain. It is evident that if the re-

sistance be sufficiently great this may endanger the safety both of the mother and of the child. The dangers to the mother are twofold. There is a possibility of the uterus rupturing itself by its efforts; and when the head comes down upon the perineum, if the soft parts be rigid, there is a very strong probability that they will be lacerated. And he lays it down as an imperative rule: Never give ergot in uterine inertia where there is much resistance, either in the bony or in the soft parts of the mother. In primiparæ such resistance is always to be looked for, and its degree is often difficult to judge of beforehand, and in such women ergot should not be used at all for the purposes of expulsion.—*Brief.*

The proper course to pursue when consulted by a married woman who has syphilis was discussed by Professor Fournier in a lecture before his class, and the advice given was to keep the patient from knowing the nature of the trouble, but to inform the husband and let him communicate the truth or not to his wife as circumstances demanded. To get at the husband Prof. Fournier tells the wife that it will be necessary for him to give her husband certain directions and asks her to send her husband to him. His idea is that if the wife has contracted the disease from the husband she will readily assent to this, while if she has been exposed through relations with some one else, she will be unwilling to have her husband brought into the matter and will probably confess the source of the disease. The physician would do better to treat the case only from a medical standpoint and to let alone all intriguing says the *Northwestern Lancet* and we fully agree with it. Those who have had any experience in such matters have learnt that silence is golden, and ignorance priceless.—*Medical Review.*

The Physician.

The following is a translation of an epigram written by Cordus in the sixteenth century:

The physician like an angel seems
When he in the sick room brightly beams,
And like unto a god is he
When he's removed the malady.
But in a different light we view
The doctor when his bill is due;
Our altered eyes we at him level
As though he were the very devil.

—*Dr. Carl.*

Miscellaneous.

Coca Erythroxyton.

Few drugs have as interesting and remarkable a history as *Coca erythroxyton*. As a source of cocaine alone it deserves a conspicuous niche in the herbarium temple of fame.

The coca leaf is the great source of comfort and enjoyment to the Peruvian Indian; it is to him what betel is to the Hindu, kava to the South Sea Islander, and tobacco to the rest of mankind, but its use produces invigorating effects which are not possessed by the other stimulants. From the most ancient times the Peruvians have used this beloved leaf, and they still look upon it with a feeling of superstitious veneration. In the time of the Incas it was sacrificed to the sun, the *Huillac Umu* or high priest chewing the leaf during the ceremony; and before the arrival of the Spaniards it was used in Mexico instead of money.

Coca leaves have secured the general recognition in therapeutics which those familiar with their properties have always indicated. Physicians have become convinced by personal observation that the effects attributed to the drug are only what might naturally be expected as that contained in the coca leaves.

There are few cases of neurasthenia in which it will not be found useful. Taken after dinner, it serves often to facilitate digestion, and even confirmed dyspeptics find their distressing symptoms relieved by it. It is of especial value in those cases where exhausting mental labor has led to morbid depression of spirits. There is no remedy like it for a fit of the "blues." It relieves the nervous irritability that follows indulgence in excesses of any kind, restoring the capacity for work and giving renewed energy. It acts as a sort of antidote to the effect of opium, alcohol, tobacco or coffee, and judiciously used may even enable one to overcome the morbid craving for any of these stimulants when they have been used to excess.

It is said that public speakers and singers have found themselves in better voice after using coca.

As a remedy for nausea and vomiting from reflex causes, particularly the vomiting of pregnancy, the cordial proves extremely efficacious. For this purpose it should be taken a few minutes

before eating, and the dose repeated in an hour or two afterwards. Gastralgia is frequently relieved by this remedy, and nervous headaches often disappear under its use.

It is of service also in cases of asthma, as an aphrodisiac, emmenagogue, antiperiodic, in overcoming drunkenness, in nervous exhaustion, and internally and locally for hæmorrhoids. As a restorative of the circulation in cases of enfeebled heart it is invaluable.

We believe Mrs. Parke, Davis & Co. were the first to introduce to physicians of this country this interesting drug, and have made a thorough study of its eligible and therapeutically efficient administration.

For the benefit of the medical profession and in justice to the Antidolar Chemical Co., I must say I have been using Antidolar in my practice for the past six months to the exclusion of all other anodynes; have tested its medical properties thoroughly, and during the time have obtained the most flattering results; have cured some seven cases of neuralgia and rheumatism. Now, in dysmenorrhœa the patients should have relief from the severe pains. Most of these pains can be mitigated by the free use of Antidolar, whiskey or morphine, both of which are injurious. I can say, and defy contradiction, that Antidolar does the work completely, and no bad effects follow. Antidolar certainly does as the announcements in the medical journal say, work like a charm.

Dr. W. T. ROSLIN, Cape Geraudeau, Mo.

PROLAPSUS UTERI.—I had a case of severe Neuralgic pains in the lower abdominal regions, caused by "Prolapsus Uteri." My patient, a middle-aged woman, was naturally of a very nervous temperament, and suffered excruciating pains. I tried narcotics and four different kinds of anti-pain products, without any relief. I was about to despair when I received a sample of Antiaecostine, and decided to give it a trial. I gave 10 grains (powder) and repeated in 20 minutes, which completely relieved the pain. I have since used it in Hemicrania, Myalgia, Neuralgia and several other cases, and in each and every one it was a complete success. I am glad North Carolina can boast of so excellent a preparation, and cheerfully bespeak for it success. F. L. HERMAN, M. D.,
Conover, N. C.

A Voice from the Arctic.

Dr. F. A. Cook, who was with Lieutenant Peary on his famous North Greenland Expedition, and which resulted in the closest approach to the pole yet attained, writes the following letter to the Antikamnia Chemical Co., which will be of interest as showing how an approved product becomes far-reaching in its work.

NEW YORK, CITY, N. Y. }
338 W. 55th St., Nov. 2. 1892. }

GENTLEMEN—The Antikamnia which you sent for use in the North Greenland Expedition, I used with gratifying results.

For Rheumatism, Neuralgic pains, as well as the pains which accompany the Grippe, it has no equal.

Yours respectfully. F. A. COOK, M. D.,
Surgeon and Ethnologist of the North Greenland Expedition.

The National Druggist quotes Henry George's opinion of the propriety and justice of the druggist's charges: "When I go to a druggist's and buy a small quantity of medicine or chemicals, I pay many times the original cost of these articles, but what I thus pay is in much larger degree wages than profit. Out of such small sales the druggist must get not only the cost of what he sells me, with other costs incidental to the business, but also payment for his services. These services consist not only in the actual exertion of giving me what I want, but in waiting there is readiness to serve me when I choose to come. In the price of what he sells me he makes a charge for what printers call "waiting time." And he must manifestly not merely charge waiting time for himself, but also for the stock of many different things only occasionally called for, which he must keep on hand. He has been waiting there with his stock in anticipation of the fact that such persons as myself, in need of some small quantities of drugs or chemicals, would find it cheaper to pay him many times their wholesale cost than to go farther and buy larger quantities. What I pay him, even when it is not payment for the skilled labor of compounding, is largely a payment of the same nature, as, were he not there, I might have had to pay it to a messenger.

JOHN BARRY.—We take pleasure in calling the attention of the profession to the superior quality of thermometers made by the above manufacturer. He defies competition.

"I have a lady patient, a married woman, who had one child fourteen years ago, a second child five years afterwards, and is now seven months advanced in her third pregnancy. She has suffered for more than twelve years from endo-mentritis, as well as chronic indigestion. During her second pregnancy she never ate a full meal, and as a natural consequence the child was weak and helpless. The first half of this pregnancy, her health was wretched, since then I have been gradually building her up with tonics. Five weeks ago, fearing a miscarriage, I prescribed Ponca Compound. In a week the improvement was marked. She reported a day free from the slightest ache, pain or discomfort, the first in years. She has continued the use of Ponca Compound and is now in better health and has a better appetite than since the birth of the first child. Also begins to hope for a strong, healthy child."

J. P. FEARINGTON, Faison, N. C.

WEBBER PEPSIN, S. & D., standard 1 to 6000, has just been announced by Sharp & Dohme, of this city, who claim that it is the purest and most active pepsin ever introduced, that it is perfectly soluble, non-hygroscopic, inodorous, permanent and entirely free from septic contaminations, and that it will completely digest 6000 times its weight of coagulated egg-albumen, in accordance with the conditions of the U. S. P. test or that of the National Formulary. Our readers can obtain samples by addressing the manufacturers. The production of pepsin that will digest 20,000 and even 30,000 times its weight of coagulated egg-albumen is also a possibility of the near future, as by the Webber process these phenomenally high standards have been attained. Unfortunately these high standards are attained only at enormously increased cost, a cost that would not be justified by the increased digestive power attained. S. & D.'s standard of 1 to 6000 is surely high enough for all practical purposes.

DEAR DR. WAUGH:—I have just received your "Outlines of Treatment" from the dosimetric standpoint. You have done much toward teaching how to use the granules. So I return you thanks for the advice set forth in your vest pocket companion, which should be in the hands of all physicians as a useful, reliable guide for the physician at the bedside. Very respectfully,

3640 Cottage Grove Ave., Chicago.

W. W. HESTER.

It is Important

may be used without his knowledge. Personal examination of remedies prescribed—is the best check upon substitution.

For the Physician to watch the character and quality of the remedies used in his prescriptions. Responsibility DOES NOT CEASE when the patient leaves the office; for impure, stale, or inferior preparations

Ferro-Salicylate Liquid.

MERRELL.

An eligible combination of Methyl Salicylate and Tinct. Citro-Chloride Iron, in a pleasant and permanent form.

Each Fluid Drachm Contains
True Salicylic Acid—from Oil
Wintergreen (Methyl Salicylate),
..... 5 grs.
Tinct. Citro-Chloride Iron,
..... .5 minims.

NOT SOLD IN BULK.

ELIXIR

Pinus Compositus.

MERRELL.

Each Fluid Drachm contains

White Pine—fresh ark.....2½ grs.
Balm Gilead Buds..... 2 grs.
Spikenard..... 2 grs.
Cherry Bark1¾ grs.
Ipecac..... ¼ gr.
Sanguinarina Nitrate..... 1-64 gr.
Morphine Acetate..... 1-16 gr.
Ammonium Chloride..... ½ gr.
Chloroform..... ¼ minim.

NOT SOLD IN BULK.

"Merrell Co.'s" "Green Drug," Fluid Extracts, True Salicylic Acid. Salts of Hydrastis, Fluid Hydrastis, and Specialties may be obtained of wholesale druggists throughout the United States, at the Home Office at Cincinnati, or the New York Office, 96 Maiden Lane, New York City, Richards Drug Co., San Francisco, Agents for Pacific Coast. Prices current and printed matter cheerfully supplied.

Ferro-Salicylate.—Merrell.

Ferro-Salicylate is especially valuable in that shade of disease peculiar to in anemic, delicate, poorly nourished or broken down patients—usually aged people—children or youth—but met with in all ages. In adults, and often in children when the disease is not plainly chronic, there will be a long series of recurrences with intervals of doubtful health. It may also be employed in acute articular rheumatism, and in some cases of acute tonsillitis, especially where the diagnosis is at first in doubt between rheumatic angina and diphtheria, also in acute rheumatism and rheumatic affections generally.

Ferro-Salicylate may be used in combination with the Iodides and Bromides of Potassium and Sodium. Associated with the former, it will prove an admirable alterative and tonic in secondary syphilis attended by a debilitated condition of the general system. It also combines well with Chlorate of Potassium, the Hypophosphites, Fowler's Solution the vegetable bitter tonics, either in Fluid Extract or Tincture Form.

Ferro-Salicylate and all other preparations of this Company reach the laity through professional channels only, we therefore avoid entering into the minute details of their application, leaving the physician to make such practical use of our therapeutic notes as in his judgment may be best suited to individual cases.

Ferro-Salicylate may be obtained of wholesale druggists throughout the United States, of our Eastern Office, 96 Maiden Lane, New York City, or direct from the Laboratory.

Please designate "Ferro-Salicylate—MERRELL."

Elixir Pinus Compositus.—Merrell.

An admirable combination of well-known and highly approved medicinal agents; recommended in acute, chronic and capillary bronchitis—in ordinary coughs and colds, and wherever a "routine" expectorant is suggested. In the truest sense cough following "La Grippe" it proved invaluable—many of our correspondents looking upon it as a "specific" in this stage of the disease.

CAUTION.—Physicians are reminded that the Elixir Pinus Compositus of this manufacturer is wholly unlike the many syrups, etc. under different names, and the difference will be readily appreciated when tried. In testing the physical properties of the Elixir Pinus, note especially its delicate taste and perfect freedom from the odor of rask syrup, the drastic, harsh and repulsive characteristics of the crude blood root, and other coarsening ingredients, characteristic of empetrich preparations.

THE WM. S. MERRELL CHEMICAL CO.

CINCINNATI.

NEW YORK.

MURRAY DRUG CO.

DR. B. BAER,

Columbia, S. C.

Charleston, S. C.

Anderson Antiseptic Vaginal Capsules

FOR THE LOCAL TREATMENT OF

DISEASES OF THE VAGINA AND UTERUS.

The most efficient and cleanly means of introducing remedies into the vagina. Antiseptic, perfectly soluble and reliable. Each capsule contains an absorbent tampon which may be medicated with any remedy indicated.

WHEN?

In all cases of acute and chronic inflammation of the lining of the womb, gonorrhoeal, syphilitic, purulent and leucorrhoeal discharges.
Relaxation of the uterine ligaments and weakening of the vaginal walls.
Falling of the womb. Ulceration of the os uteri.
Diseases of the ovaries and fallopian tubes.
Painful and scanty menstruation.
Where the womb is extremely irritable and neuralgic.

HOW?

Moisten the tampon with the remedy, draw it back into the capsule by means of the linen thread, replace cap and insert.

WHAT?

The result is a grateful relief to the sufferer and satisfaction to the physician. No handling of disagreeable drugs; no loss of medication in the introduction, no soiling of linen.

THE VERDICT!!

RATIONAL.

CONVENIENT.

CLEANLY.

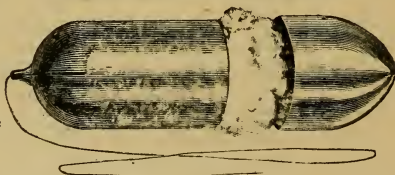
EFFICIENT.

Three Sizes.

No. 1 Small

No. 2 Medium

No. 3 Large



Tampons.

Absorbent Cotton,
Oulo-Kutun (Wool
and Cotton, or Wool,
as desired.

Exact size of No. 2 Capsule.

Any size by mail postpaid on receipt of price, 60c. per box.

VALUABLE AS A PESSARY.

Extract from a letter from Dr. A. J. Howe, Professor of Surgery, Eclectic Medical Institute, of Cincinnati, O.

"The Anderson's Vaginal Capsules charged with tampons of Oulo-Kutun are a convenient vehicle and medium for introducing douches or medicated fluids into the vagina, and retaining them there. Astringent, septic and antiseptic liquids may be thus employed, instead of the syringes as an implement, or a speculum."
Respectfully,
A. J. HOWE, M. D.

Send for printed matter containing valuable information.

THE HALL CAPSULE CO.

Manufacturing Chemists.

CINCINNATI, OHIO.

Have you seen our "Ruby Capsule" for disguising the physical appearance of prescriptions, and for use when two medicines are to be taken in alternation? Send 10c. for trial box of 100.

Clemiana Chemical Co., Atlanta, Ga.: Gents—Please ship to Rose Hill Pharmacy, Columbus, Ga., 1 dozen bottles Verrhus Clemiana by Monday's express. I am going to use it more extensively. Rose Hill Pharmacy is all right, and one of my headquarters for my prescriptions. Send bill per mail and oblige,

Yours, etc.,

T. S. MITCHELL, M. D.

Columbus, Ga., May 22, 1892.

People who whine are a nuisance. A writer in Humanity and Health very justly remarks that there is a class in this fair world of ours—a class by no means small, alas!—whose prominent peculiarity is—whining.

They whine because of anything and everything—and they enjoy it. From the peculiar intonation used when expressing themselves, you might feel yourself called upon to express sympathy for them. Don't do it. The half-crying tones affected by them neither distress nor deceive you. They are not suffering—far from it; they are enjoying themselves! It is you who suffer.

These peculiar people will whine about anything. If they be poor they will whine, and if they be rich they will whine, with "money's care," life's trials," "love's a snare and a mockery," for the burden for their song. The whiners whine because it rains, but are just as ready to whine at the too brightly beaming splendor of the sun; they whine at the weather; they whine at luck or its tardiness of approach; They whine if they be sick or if they be well, if obliged to take a journey, or to remain at home; at eating or drinking, or sleeping or waking; it's whine, whine, whine, until one longs earnestly for a swift, sudden and just retribution to overtake them.—*Medical Review*.

A. S. ALOE & CO.—As every doctor needs surgical instruments, and wants the best to be had, at the most reasonable prices, there remains but one thing for him to do. Go to Aloe & Co., whom we will guarantee to give satisfaction.

ANTIDOLOR.—The above is the name of a preparation to relieve pain, as its name implies, which is offered to the public with the best endorsements. But the only way to substantiate its claims is to give it a trial. "The proof of the pudding is in the eating thereof."

SAN FRANCISCO, CAL., September 28th, 1892.

Mr. L. P. Britt, 37 College Place, N. Y.—Dear Sir: Enclosed please find postal money order No. 37,747, for which send me two five-inch driving bits same as last ordered. I have given the bit one trial. I used it on a confirmed puller that required two strong men to drive, they alternating as they became exhausted. After a few efforts the animal succumbed, and I could drive him with slack lines. Yours truly,
NATHANIEL HUNTER,
Secy. Soc. Prevention of Cruelty to Animals.

Puerperal Fever.

According to the New York correspondent of the Southern Medical Record, Dr. W. Gill Wylie, in a recent lecture on puerperal fever at the New York Polyclinic, made use of the following language: "I believe now, and I say it with perfect sincerity, that nine cases out of ten of puerperal fever that I am called upon to treat, in from twelve to twenty-four hours after the onset of the attack, I will cure by simply regulating the bowels and washing out the uterus systematically and thoroughly at frequent intervals. If you follow the instructions of the text books you will find that they advise the washing to be done but once in eight hours. I have proved to my own satisfaction the fallacy of this advice. The germs are not destroyed by the first or the second washing, and they develop anew in eight hours. If I am called to a case of puerperal fever, and within six hours or so after frequent washing out the temperature does not fall to normal, I make up my mind that the poison has entered the tissue of the patient, and I at once proceed to open the belly. I generally find there an abscess present.—*Medical Record*."

NEWPORT, KY., November 11th, 1892.

ALBEMARLE CHEMICAL CO.—Gentlemen: I have given your Therapine a full and fair trial in rheumatism, neuralgia and as an antipyretic. I cannot speak too highly of it. As long as it is manufactured and contains the power it now does, I will continue to use it.

Your obedient servant,

FRED. A. DAVIS, M. D.,
U. S. Examining Surgeon, Bureau of Pensions.

MIGRAINE.—I find that Antiaesthine administered in 5-grain doses every 15 minutes will soon control the most severe cases of Migraine. I also use it in intermittent Neuralgia with best results. In Myalgia and all painful maladies I find it excellent.

J. R. CAMPBELL, M. D., Newton, N. C.

After Pains.

Dr. E. J. Dennis of Kansas City, Missouri, says that after pains are much more severe and frequent in those who have borne many children than in a primiparæ, the pains are apt to be more severe after an easy labor than after a long, tedious one. The pains come on gradually after confinement, beginning, in many cases, an hour or two after delivery, and last for hours, or even days. After-pains, no matter how strong, are intermittent, with a latent interval; they are rather eased than increased by pressure; the lochial discharge is more profuse when the pains are bad. These symptoms will clearly demonstrate the difference between after-pains and peritoneal inflammation. In many cases the pains are so severe that the attending physician must do something to relieve them, and this is often more easily said than done. I have used many so-called sure cures, but the following has given better results than anything I have ever used:

R—Pulv. camphoræ,	-	-	-	-	-	-	-	-	ʒij.
Pulv. Doveri,	-	-	-	-	-	-	-	-	ʒj.
Ext. hyoscyami,	-	-	-	-	-	-	-	-	gr. x.
M. Ft. capsules, No. x.									
Sig. One capsule every three hours.									

If the pains are very hard and intractable, and the uterus large and tense, it is an indication that there are clots within the uterus, in such cases the following is par excellence:

R—Fl. ex. ergotæ,	-	-	-	-	-	-	-	-	ʒj.
Dioiviburnia (Dios),	-	-	-	-	-	-	-	-	ʒij.
M. Ft. solutio.									
Sig. Teaspoonful every three or four hours.									

Dioiviburnia is an excellent uterine tonic. I never fail to prescribe two, and sometimes four ounces after every case of obstetrics, of which I have a great many, and, consequently, I never have a case of subinvolution to contend with; I advise its use if you would have good success and good after results.

I have had the opportunity of trying its merits in the Prison Christian Rescue Home, I being the physician of that institution,

and nearly all of the girls come from the jails of Kansas City and Wyandotte, Kas., nearly every one of whom is either pregnant or just convalescing from a miscarriage, or suffering from metritis, endometritis, menorrhagia, ammenorrhœa, dismenorrhœa and, in fact, every disease that woman is heir to. I invariably put them on Dioiburnia, and it does wonders for them. It soon builds up the uterine appendages. Locally, I use tampons of glycerine and iodine.

I have a case now of a young married woman who has had three miscarriages, two or three months only elapsing between each, and nothing seemed to arrest it; I have kept her in bed for four weeks, and she would miscarry. She again became pregnant and I successfully carried her through with Dioiburnia.

I cheerfully recommend Dioiburnia to the profession, although I do not on general principles use proprietary compounds, but having tried similar recipes and found them incapable of producing as good results.

PILL ANTISEPTIC COMP.—“I certify that Warner & Co's. Pil. Antiseptic Comp. is an invaluable digestive and Antiseptic Compound, and I cheerfully recommend it to all persons suffering from Dyspepsia, mal-assimilation of food, and especially from fermentative indigestion.”—Andrew L. Anderson, A. M., M. D., F. M. S., Rhea Springs, Tenn.

A Death-Bed Joke.

It is not often that a man on his death-bed is guilty of practical joking; but a story is reported from St. Louis, in which a man named O'Reilly, dying of phthisis in a crowded hospital, told a benevolent lady who visited the hospital with her daughter that he had made a will leaving the daughter \$3,000. By the influence of this lady, he was moved to a comfortable infirmary. Having found his little trick so successful, he tried it again upon the sisters, saying that he had amended his will, and left half of his property to the institution. He was well cared for and properly buried, and it was not until some time after his death, when a dispute arose between the charitable lady and the infirmary, that it was discovered that he had absolutely nothing in the world.—*Med. Review.*

A NON-TOXIC ANTI-SEPTIC.

FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE.

Non-Toxic, Non-Irritant, Non-Escharotic—Absolutely Safe, Agreeable and Convenient.

FORMULA.—LISTERINE is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria, and Mentha Arvensis, in Combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic acid.

DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its peculiar adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eructations of dyspepsia, and to disinfect the mouth throat and stomach. It is a perfect tooth and mouth wash, indispensable FOR THE DENTAL TOILET.

Diseases of the Uric Acid Diathesis.

LAMBERT'S LITHIATED HYDRANGEA. . . .

. RENAL ALTERATIVE—ANTI-LITHIC.

FORMULA.—Each fluid drachm of "LITHIATED HYDRANGEA" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

DOSE.—One or two teaspoonfuls four times a day (preferably between meals).

The ascertained value of HYDRANGEA in Calculus Complaints and Abnormal Conditions of the Kidneys, through the earlier reports of Drs. Atlee, Horsley, Monkur, Butler and others, and the well known utility of Lithia in the diseases of the uric acid diathesis at once justified the therapeutic claims of LAMBERT'S LITHIATED HYDRANGEA when first announced to the medical profession, whilst subsequent use and close clinical observation has caused it to be regarded by physicians generally as a very valuable Kidney Alterative and Anti-Lithic agent in the treatment of

URINARY CALCULUS, GOUT, RHEUMATISM, CYSTITIS, DIABETES, HAEMATURIA, BRIGHT'S DISEASE, ALBUMINURIA, AND VESICAL IRRITATIONS GENERALLY.

Realizing that in many of the diseases in which Lambert's Lithiated Hydrangea has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed. We have had prepared for the convenience of physicians

DIETETIC NOTES,

suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of Listerine and Lambert's Lithiated Hydrangea.

LAMBERT PHARMACAL CO., St. Louis, Mo.

SYR : HYPOPHOS : COMP :

—GOODWYNS—

A preparation combining the SYRUP OF HYPOPHOSPHITES with
a TONIC and a DIGESTIVE.

 It has advantages over any other preparation of like character, in that it acts promptly upon the digestive organs, develops the flow of secretions, and gives a permanent increase of strength and endurance.

It is the only preparation that contains

All the Hypophosphites with Lactates and Pepsin.

Physicians' orders for Samples with Formula are requested.

GOODWYNS SYRUP CO., Macon, Ga.

Doctor, Do You Carry



YOUR MEDICINES WITH YOU ?

If So, Have You Learned



ABOUT OUR DOSIMETRIC GRANULES ?

THE FOLLOWING ARE THE POINTS OF EXCELLENCE THEY PRESENT :

1. They contain only the active principles of drugs freed from the coarser, crude, inert or often injurious materials with which they are associated in their native state.
 2. They are readily soluble, prompt in their effects, of known strength and activity, in accurately measured doses. This cannot be said of tinctures, fluid extracts and other preparations of the crude drug, as test analyses show that hardly any two samples contain the same proportion of the active ingredient.
 3. They are so very minute that you can carry a large supply in a pocket case. We have pocket cases that will carry twelve, twenty-four, forty-eight, sixty or ninety vials.
 4. They are so convenient to take and to carry about the person that they please the patients.
 5. They are very cheap, costing only about one-tenth the cost of druggists' prescriptions.
- There are many other things that may be said and that are said by our enthusiastic customer every day.

—EXCHANGE THE SHOT-GUN FOR A RIFLE !—

 Send for Price List, etc., and be sure to mention this journal.

THE PHILADELPHIA DOSIMETRIC CO.,
20th and Market Streets, Philadelphia, Pa.

Libelling a Midwife.

A midwife in Partick brought an action last week against a Dr. Edward Coyle, for slander. She had attended a premature labor case before the defendant had been summoned, and, according to her own account, had given the patient half a teaspoonful of ergot of rye—"labor tea." The patient was suffering as well from a festering thumb, and shortly after gangrene set in and she died. Dr. Coyle on being summoned gave his opinion that the "labor tea" was the chief agent in producing the gangrene and death. The jury gave a verdict in favor of the midwife, awarding £65 damages.—*Medical Review*.

ANTAPARENA.—This new chemical compound comes before the medical public with the endorsement of some of the best men in the profession. As an anodyne or analgesic and febrifuge it is evidently in advance of most of the preparations of this class, and when anything in this line is indicated it will be to the interest of sufferers to give it a trial.

Woman's place lies not in medical paths, according to the American Practitioner and News, which goes on to say: "That woman is capable of high education, and of doing practical work in science, and doing it well, no man with the record of her doings before him can deny. And if, when the schools are open to her, and she has duly qualified herself for medical work, medical privileges and medical honors are refused her, no one can doubt the injustice of the refusal. Nevertheless it is certain that, except in a few specialties, medicine offers no place to woman for her best work.

The rule is simple: No work benefits woman if in its pursuit she is compelled to unsex herself; that she must do this in medicine admits of no argument. This being the case, the men of the profession have nothing to do but to courteously open the doors for woman, bow her in, and trust to the law of the survival of the fittest for the consequences."—*Review*.

The only regular Chinese physician in the United States has just registered at the Health Office in Brooklyn, N. Y. He is Dr. Joseph C. Thoms, and has his office at 336 Greene avenue. He graduated from the Long Island College Hospital with honors at the last commencement. He is about twenty-five years of age.

A Dense Population.

There is a block in New York City, bounded by Ridge and Pitt, Houston and Stanton streets, in which 2,985 people live. This is the rate of a million people to the square mile, and this block is probably unsurpassed for density of population by any other block in the world.

A letter from T. R. Beattie, M. D., Member of Missouri State Medical Society :

CLEMIANA CHEMICAL CO., Atlanta, Ga.—Gentlemen: I am pleased to be able to add my testimony to the value of your preparation, Verrhus Clemiana. I have tested the value of it as a remedy in Syphilis in three cases, in secondary stage, and will say that I consider it superior to Iodidum Potassii and Mercury in Syphilis in any stage.

I am truly yours,

T. R. BEATTIE, M. D.

Excelsior Springs, Mo., Sept. 1st, 1892.

The Virginia State Medical Society announces that during the next annual session two prizes of one hundred dollars each will be awarded. Dr. Hunter McGuire offers a prize of \$100 for the best essay on "Obstructions to the Function of Micturition, and the Results"—open to any member of either of the three State Medical Societies of West Virginia, Virginia, or North Carolina. Honorary Fellow, Dr. Joseph Price, of Philadelphia, Pa., offers a prize of \$100 to the Fellow of the Medical Society of Virginia who may present the most worthy essay on the "History of Surgery and Surgeons of Virginia"—his native State. All essays offered in competition must be in the hands of the Secretary of the Medical Society of Virginia (Dr. Landon B. Edwards), Richmond, Va., by September 20, 1893. A motto or a nom de plume only must be signed on the title page (stating whether for Dr. McGuire's or Dr. Price's prize) of each typewritten essay sent in, with a sealed envelope attached, with the full name and post office address of the author enclosed.

HURRICANE, W. VA., May 3d, 1892.

PRATT MEDICAL COMPANY:

Gentlemen—The relief received from the bottle of Pratt's Tonic, to my patient with atonic dyspepsia, is such that I enclose remittance for another bottle.

Truly yours,

H. S. C. ROSS, M. D.

Holiday Books! Xmas Presents!

Mothers of Great Men and Women, 700 pages, \$3.75; Physical Beauty, how to obtain and Preserve, \$2.00; Webster's Dictionary \$2.00; Memory or the Master of Memorism, 6 vol's, \$5; Arabian Nights \$1; Cleopatra—Beautiful Reading, Historical study, \$1.50; Everybody's Lawyer and Book of Forms \$1.25; Woman and Her Diseases \$2.25; Scottish Chiefs \$1.25; Robinson Crusoe \$1.25; Family Doctor \$1.25, \$5.00 a Year from the Farm \$1.25; Mormon Female Life \$1.25; History of Methodist Episcopal Church \$1.25; Texas Rangers Expedition \$1.25; The Belle of New York \$1.25; That Mother-in-Law of Mine \$1.25; Three Eras in Woman's Life \$1.25; What Can't Woman Do \$1.25; Out in the World \$1.25; Thrilling Stories of the Rebellion \$1.25; Gulliver's Travels \$1.25; Cook's Voyages Around the World \$1.25; Napoleon and His Campaigns \$1.25; Life of Washington \$1.25; Men Who Have Risen \$1.25; Josephine Empress, Life and Memoirs \$1.25; Heroic Women of History \$1.25; Mary, Queen of Scots \$1.25; Mary Antoinette and Her Court \$1.25; Anne Boleyn, Queen of Henry VIII, \$1.25; Life of Pauline Cushman \$1.25; Adventures of a Fair Rebel \$1; In Beaver Cove \$1; Peril of Oliver Sergeant \$1; Paul and Virginia \$1; Bill Nye's Works 4 vol's, \$3; Lover's Handy Andy and Rory O'Moore, 2 vol's, \$2; Donquixote-McCaton \$3; Fanny Fern's Works, 2 vol's, \$2.50; Louise Muhlbach's, 4 vol's, \$3; Wilkie Collins' Works, 4 vol's, \$3; Captain Marryatt's Works, 2 vol's, \$2.50; Jules Verne's Works, 4 vol's, \$3; Scott's Waverley Novels, 12 vol's, \$8; Irvin's Works, 8 vol's, \$7; Goldsmith's Works, 4 vol's, half calf, \$6; Hawthorn's Works, 4 vol's, \$2.50; Mysteries of Paris, by Eugene Sue, 2 vol's, \$1.50; Wandering Jew, 2 vol's, \$1.50; Count of Montichristo, 2 vol's, \$1.50; Shakespeare's Works, 4 vol's, \$3; Victor Hugo's Les Miserables, 2 vol's, \$1.50; Aesop's Fables \$1; Bulwer Lytton's Works, 13 vol's, \$9; Lord Peacock's (Disraeli) Works, 3 vol's, \$2.50; Lorna Doone \$1; American Farming and Stock Raising, 700 Engravings, 2,100 pages, 3 large vol's, \$11.25; Longfellow's Works, 2 vol's, \$2; Josephus, 3 vol's, \$4; Thackeray, 10 vol's, \$5.00; Emerson's Essays, 2 vol's, \$2; Dickens, 15 vol's complete, \$5; George Elliott's complete Works, 6 vol's, \$3; Fenimore Cooper's Works, 5 vol's, \$3; Wonders of Fairyland for Juveniles, 200 beautiful Engravings, bound in Vellum \$2.50; Santa Claus' Picture Book \$2; Grandfather's Stories \$1.75; Nursey Rhymes \$1.50; Wonders of the Arctic World \$2.75, Religions of the World \$2.75; Josephus, complete \$3; Holy Catholic Family Bible, Regular Authorized Chalonier edition, a beautiful Book, Am. Morocco, \$9; The Household Family Bible with Dore Engravings \$5; New Pictorial Family Bible \$6; Modern Family Physician—no Home complete without it, nearly 1,400 pages, \$6; Ladies' Medical Guide, Counselor, Friend, Instructor—Ladies this book you should have, \$2; Stanley's Story, or Through the Wilds of Africa, best Silk finish, \$3; Story of the Puritans \$1; Album of Love and Bridal Wreath \$1; Language of Flowers and Letters to Young Ladies \$1; Language of Love and the Violets \$1; Cattle and their Diseases \$1.25; Sheep, Swine and Poultry \$1.25.

HOLIDAY BOOKS. HOLIDAY PRESENTS.

The Best Books and Presents Published.

Adventures of a Fair Rebel, cloth \$1; In Beaver Cove and Elsewhere, by Matt Crim, \$1; Peril of Oliver Sargent \$1; Tinkletop's Crime \$1; Marionettes \$1; A Frenchman in America, by Max O'Reil, \$2 and \$1; Shall Girls Propose \$1; Jack Gordon, Knight Errant, by Barclay North, \$1; Same Author: The man with a Thumb \$1; The Diamond Button: Whose was It? by Barclay North \$1; Same author, On the Rack \$1; Charming Stories of Life in India by an exile, Charming and profitable reading, 4 vol's \$3; The Making of a Man—a Brilliant and Important Book, by J. W. Lee, 12 mo, extra cloth, \$2; Zola's Greatest Novel—The Downfall—a story of the Franco-German War, extra cloth, \$1.50; Mistress Branigan, by Jules Verne, 8 vo, extra cloth, \$2; same Author, Caesar Casabiel, \$1; Republican Encyclopedia, cloth, \$2.50; Democratic Encyclopedia, cloth, \$2.50; Delmonico's Cook Book, by Delmonico, Chef, \$2.50; Concise Cyclopedia of Religious Knowledge \$3.50; Mark Twain's Library of Humor \$3.50; S. S. Cox's Diversions of a Diplomat in Turkey \$3.75; Homer History of England, 6 vol's, \$8; Physical Beauty; "How to Obtain it and How to Preserve it," by Annie Jeness Miller, \$2; Encyclopedia Britannica, the only faithful reprint, 25 volumes at \$1.50 per vol. cloth. The whole 25 vol's will be delivered on payment of one-fourth cash and three notes, 2, 4 and 6 months, for balance, \$45; Pallisers' New Cottage Homes—100 new Cottage designs—1500 detail Drawings, volume 11x14 inches, \$4; Pallisers' Court Houses, Village, Town and City Halls, Jails, &c.—best publication on Public Buildings, \$2; Encyclopedia of Architecture—the greatest work ever published on same, only just issued, \$15; The Life of Pope Leo XIII, \$3.75. Send 10 cents additional for postage.

Any of the above Books mailed free on receipt of price by

INDEX PUBLISHING COMPANY,

37 College Place, NEW YORK.

The usefulness of good Hypophosphites in pulmonary and strumous affections is generally agreed upon by the profession. We commend to the notice of our readers the advertisement in this number of Robinson's Hypophosphites, also Robinson's Hypophosphites with Wild Cherry Bark (this is a new combination and will be found very valuable). They are elegant and uniformly active preparations; the presence in them of quinine, strychnine, iron, etc., adding highly to their tonic value.

We call special attention of our readers to the advertisement of The Weeks Drug and Chemical Co. Their goods are guaranteed to be of the highest obtainable grade known to pharmacy. This is an old reliable house and business transacted with them will in all cases prove entirely satisfactory.

The most accurate way of estimating the virtues of Elixir Three Chlorides seems to be, first to fix in our minds what we know iron, arsenic and mercury as isolated chlorides are capable of doing when introduced into the system; second, to make the application.

Contents for December.

.....

ORIGINAL COMMUNICATIONS—

Report of a Case of Sub-Acute Gastritis, by W. E. Fitch, M. D. Page 9

The Peroxide of Hydrogen an Indispensable Wound Sterilizer, by Geo.

H. Pierce, M. D. 10

Cholera, Asiatic. 13

EDITORIAL 21

Editorial Briefs 26

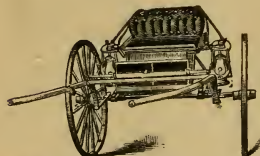
BOOK REVIEWS 28

OBITUARIES 30

SELECTIONS 33

ABSTRACTS 46

MISCELLANEOUS 57



DOCTOR—You can add much to your comfort by investing \$10.00 in two Reefy Driving Lamps. They can be quickly adjusted to the props on any cart or buggy top without marring the vehicle. They are noiseless, good reflectors and will not blow out. Let me send you illustrated circular free.

S. L. REEFY, M. D.

EDINBURGH, ILLS.





